

Application for Postulancy in the Diocese of Mid-America, Reformed Episcopal Church

18170 Dallas Pkwy., Ste. 103 • Dallas, TX 75287 • (972) 427-2410



*Please print clearly. All statements on this application will be treated with confidentiality.
Answer all questions, using additional sheets of paper where necessary.*

Date of application: _____

Application Fee: \$200 (background check \$175; administrative fee \$25) (Make check payable to: Church of the Holy Communion, if paying by credit/debit card, please contact the diocesan office at the number above.)

Name _____

Address (home) _____

City _____ State _____ Zip Code _____

Address (work) _____

City _____ State _____ Zip Code _____

Telephone: (cell) _____ (home/office) _____

Email: _____

Completed application should be forwarded to:

The Rev. Kasey Gage
Office of Examining Chaplains
Diocese of Mid-America REC
18170 Dallas Pkwy., Ste. 103, Dallas, TX 75287
frkasey@holycommuniondallas.org

Signature of applicant _____

Date of Birth (*day/month/year*) _____ **Hometown** (*city and state*) _____

Education

High School _____ Year graduated _____

College _____ Years attended _____ Year graduated _____

Degree(s) _____ Major _____ Minor _____

College Honors _____ Sports/Fraternity _____

Seminary _____ Years attended _____ Year graduated _____

Degree _____ Advanced Degrees (*what degrees, where?*) _____

Military Service

Branch _____ Discharge type _____ Date of discharge _____
Rank or Rating at Separation _____

Home

Marital status _____ Wife's name _____
Wife's education _____ Wife's vocation _____
Her avocation, interests, activities _____

Your marriage date _____
Have you ever been divorced? _____ Legally separated? _____
Children's names (put ages in parentheses) _____

Children's education and grade level _____

Children's interests and/or activities _____

Health

Height _____ Weight _____
Current health status _____
Date of last complete physical _____
Physician's name and office address _____

Have you ever been or are you now being treated for any of the following:

Hypertension _____	Treatment _____	Completed? _____
Heart disease _____	Treatment _____	Completed? _____
Sexually transmitted disease _____	Treatment _____	Completed? _____
Drug addiction _____	Treatment _____	Completed? _____
Alcoholism _____	Treatment _____	Completed? _____

Have you ever been diagnosed as suffering depression or a nervous disorder? _____

What was the diagnosis? _____

When was it made? _____ Doctor's name _____

What was the course of treatment? _____

Have you ever seriously entertained suicidal desires or intent? _____

Have you ever been counseled for spousal abuse? _____

Do you have any physical or mental disabilities that might serve to particularly challenge you in ordained ministry? _____

Special Interest

Are you a member of a service or social organization? (*Kiwanis, Rotary, Country Club*) _____

Are you politically active? _____ For whom? _____

Have you ever been arrested? _____ When? _____

What was the charge? _____ Convicted? _____ Jail time? _____

Are you active in your community? If yes, how? _____

Are you active on social media? If yes, provide the platform(s) and account information: _____

Business

In what professions did you labor before seeking ordained ministry? _____

Are you presently employed? Where? _____

Name & phone number of manager _____

Ecclesiastical (*please include dates, where possible.*)

Baptized? _____ Where? _____

Confirmed? _____ By whom? _____ Where? _____

Have you ever been under church discipline, or excommunicated? _____ If so, please explain

Have you ever attempted to enter into Holy Orders through other Anglican jurisdictions or otherwise?

_____ If so, please explain _____

Current Parish (include denomination)

Church Name _____

Address _____

_____ Phone _____

Name of Pastor _____

In what ways have you served in your local parish _____

How long have you been a member? _____

Previous Parish (include denomination)

Church Name _____

Address _____

_____ Phone _____

Name of Pastor _____

How long were you a member? _____

Reason for leaving? _____

Previous Parish (include denomination)

Church Name _____

Address _____

_____ Phone _____

Name of Pastor _____

How long were you a member? _____

Reason for leaving? _____

Describe your Christian testimony, calling, and what brought you to the Reformed Episcopal Church?
