

# **The Total or Shared Ministry Handbook**

## **Forms for Ordained Ministries**

**The Episcopal Church in Minnesota**

**April 2010**

## Total or Shared Ministry - Form 1

# Application for Holy Orders Within a Total or Shared Ministry Team The Episcopal Church in Minnesota

In accordance with Title III, Canon 6.2 and Canon 8.2 of the Episcopal Church USA

Note: Please send all form originals to the office of the Bishop,  
Attention: Coordinator of Vocations.

**To: The Rt. Rev. Brian N. Prior  
Attention: Coordinator of Vocations  
The Episcopal Church in Minnesota  
1730 Clifton Place, #201  
Minneapolis, MN 55403-3242**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Vocation (circle one): Total or Shared Ministry Priest Total or Shared Ministry Deacon

Other Ministry or Ministries for which you have been discerned: \_\_\_\_\_

Congregation: \_\_\_\_\_

Sponsoring Priest/Missioner: \_\_\_\_\_

Former Denomination (if applicable): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Denomination: \_\_\_\_\_

By Whom: \_\_\_\_\_

When Confirmed/Received into the Episcopal Church: \_\_\_\_\_

Length of time as a resident in the Episcopal Church in Minnesota: \_\_\_\_\_

Length of time as a member of this Congregation: \_\_\_\_\_

April 2010

Marital Status:  Single  Married  Partnered  Divorced  Widowed

Spouse's/Partner's Name (if applicable): \_\_\_\_\_

Children (list name, date of birth, age of each child):

\_\_\_\_\_  
\_\_\_\_\_

Present situation and employment history (names, addresses, and dates). You may attach a separate sheet with this information.

Present employment: \_\_\_\_\_

Past employment: \_\_\_\_\_

Past employment: \_\_\_\_\_

Two references (who are not relatives). Give names, addresses, and telephone numbers:

\_\_\_\_\_  
\_\_\_\_\_

Education History:

High School: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate Work: \_\_\_\_\_ Degree: \_\_\_\_\_ Date(s): \_\_\_\_\_

Previous applicant for Postulancy in this or any Diocese?  No  Yes Please give details:

\_\_\_\_\_  
\_\_\_\_\_

Ordination in another denomination?  No  Yes Give details, include years of service:

\_\_\_\_\_  
\_\_\_\_\_

Physical disabilities?  No  Yes Please give details: \_\_\_\_\_

\_\_\_\_\_

Counseling/psychotherapy/addiction recovery?  No  Yes Please give simple summary:

\_\_\_\_\_

April 2010

**Application Instructions:**

Send a complete set of the following documents in one mailing to the Office of the Bishop.

1. This application (Form #1)
2. A recent photograph.
3. A brief typewritten autobiographical essay (3 to 6 pages) that includes:
  - a. Your strengths and areas where you see the need for growth in character
  - b. Your understanding of Total or Shared Ministry, Ministry of the Laity, and Ordained Ministry.
  - c. Your participation in the Church throughout your lifetime and the leadership/ministry you performed.
  - d. Your family's feelings about your decision to seek ordination
4. On a separate sheet, entitled "Sense of Call," describe the discernment process used in your faith community and your sense of call to ministry within the team.
5. A resume, if available.
6. Form #2 (Nomination for Postulancy).
7. Form #3 (Waiver of Information).
8. 30-minute impromptu essay on ONE of the following three topics assigned by the Board of Examining Chaplains.

*Please read the following direction carefully. On a separate sheet/s of paper you are to give a sample essay on one of the following choices. Please pick ONE topic. You may write the essay by hand or use your computer. You have 30 minutes.*

- 1. Choose someone who has been influential in your life. Describe that person in some detail and explain how that person has had an impact on your life – either positively or negatively. Help the reader to truly know that individual as a person.**
- 2. Write a set of directions on how to do something. Think of a skill that you possess. It may be as ordinary as sewing a button on a shirt or changing a furnace filter. It could address a hobby such as gardening or some other activity like launching a canoe.**
- 3. For many people a particular book has become a turning point in one’s life. Pick a book (Excluding the Bible) that has changed your life and explain how. What was it that the author said through the story and/or characters, if it is a work of fiction? If it is non-fiction, what was either the message of the book or the way in which the author expressed it that moved you? Make the reader know why this book is commendable.**

*Acceptance of Nomination for Postulancy:*

**I, \_\_\_\_\_, accept the nomination of my congregation/faith community, \_\_\_\_\_, to apply for Postulancy for Holy Orders in pursuit of ordination as a Deacon OR Priest (Circle One) within our Total or Shared Ministry Team.**

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

April 2010

**Total or Shared Ministry - Form 2**  
**Nomination by Vestry/Bishop's Committee**  
**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 6.2(a) and Canon 8.2(a) of The Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop's Committee), whose names are hereunder written, nominate for Postulancy in the Total or Shared Ministry Holy Order of (please indicate Priesthood or Diaconate) \_\_\_\_\_ our member \_\_\_\_\_ . He/she has been duly discerned by this congregation/faith community; and he/she is a confirmed adult communicant of this Congregation in good standing for a minimum period of 1 year before discernment began. We do furthermore recommend further discernment of the Nominee for Holy Orders by the Commission on Ministry, and admission as a Postulant for Holy Orders.

**Furthermore, we, as a congregation/faith community, commit to involving ourselves in the preparation of our nominee for ordination.**

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of \_\_\_\_\_ Congregation, \_\_\_\_\_ duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee. **The nominee may not sign this form. (III.5.2(a))**

Signed: \_\_\_\_\_, Clerk/Secretary of Vestry/Bishop's Committee

April 2010

## Form 3

# Waiver of Information

## The Episcopal Church in Minnesota

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, give my permission to the Bishop of the Episcopal Church in Minnesota to share reports of my physical examination, psychological evaluation, and psychiatric evaluation, along with my application for Postulancy and supporting material, my CPE evaluations (if applicable), my supervised field education evaluations (if applicable), and my transcripts from a theological seminary (if applicable), with the Suffragan Bishop or Bishop Coadjutor of the Diocese (if applicable), the Coordinator of Vocations, the Chairs of the Commission on Ministry, and the President of the Standing Committee of the Episcopal Church in Minnesota.

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the Bishop of the Episcopal Church in Minnesota to share my application for Postulancy along with supporting material supplied by me or my congregation, excluding the physical examination, the psychological evaluation, the psychiatric evaluation, and the background check, with the Canon Missioner for Congregational Development, the Discernment Committee of the Commission on Ministry, and the Examining Chaplains.

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the psychological and psychiatric examiners/evaluators, to exchange information about me with each other for the purposes of a full and comprehensive assessment for Holy Orders.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Send the original signed copy to the Episcopal Church in Minnesota.

Give copies of this waiver to:

- The physician for your physical examination
- The psychologist for your psychological evaluation
- *The psychiatrist for your psychiatric evaluation*

**Note: Please send all form originals to the Office of the Bishop**

April 2010

# Total or Shared Ministry - Form 4

## Medical Examination

### The Episcopal Church in Minnesota

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior  
Attention: Coordinator of Vocations  
The Episcopal Church in Minnesota  
1730 Clifton Place, #201  
Minneapolis, MN 55403-3242**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone (including Area Code): \_\_\_\_\_

Notify in case of illness/accident: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

April 2010

## **Request FORM From Coordinator of Vocations**

**Note: Please send all form originals to the Office of the Bishop.**

# Total or Shared Ministry - Form 5 Psychological Evaluation

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior  
ATTN: Coordinator of Vocations  
The Episcopal Church in Minnesota  
1730 Clifton Place, #201  
Minneapolis, MN 55403-3242**

Name of Nominee/Postulant/Candidate: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Name of Psychologist/Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone (including Area Code): \_\_\_\_\_

Note to Psychologist: Please attach narrative to this form, responding to the following questions/concerns.

1. Does the person possess sufficient intellectual ability to be able to deal with the academic work required and to apply the knowledge gained?
2. Do the person's work interests appear to coincide with the work of Holy Orders?
3. Does the person possess capacity for close and satisfactory human relations, as would be required for the work of Holy Orders?
4. Are there any indications of problems in the sexual adjustment of the person that may lead to difficulties in the work of Holy Orders?
5. Are there serious maladjustments or limitations in the personality or functioning of the person that would disqualify him/her for Holy Orders?
6. Is there any evidence of current serious psychopathology, or are there signs in the current functioning of the person that would suggest that she/she may become dysfunctional under the usual pressures of clerical life?
7. What is your overall impression of the likelihood of the person's emotional and behavioral stability in the work of Holy Orders?

**Note: Please send all form originals to the Office of the Bishop.**

April 2010

## Total or Shared Ministry - Form 6

# Psychiatric Evaluation

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior  
ATTN: Coordinator of Vocations  
The Episcopal Church in Minnesota  
1730 Clifton Place, #201  
Minneapolis, MN 55403-3242**

Name of Nominee/Postulant/Candidate: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone (including Area Code): \_\_\_\_\_

Note to Psychiatrist: Please attach to this Form your psychiatric assessment/evaluation of the person, in particular regarding the following questions.

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the person for the ordained ministry in the Episcopal Church?
2. Are there signs in the present behavior of the person that suggest that, in your opinion, this person may become ill under the pressure of clergy life?
3. What is your impression of the person's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work of the ordained ministry?
4. What is your impression of the likelihood of the person becoming unstable or dysfunctional as a result of nervous strain engendered by the role of the ordained minister?

**Note: Please send all form originals to the Office of the Bishop.**

April 2010

**Total or Shared Ministry - Form 7**  
**Postulant's Application for Candidacy for Diaconate**  
**Within a Total or Shared Ministry Team**

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Postulant for the Diaconate in the Episcopal Church, respectfully apply to the Bishop of Minnesota for admission as a Candidate for the Diaconate in the Total or Shared Ministry Team in \_\_\_\_\_ and submit the letters/documents required by the Canons of the Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Send this application with the following documents to the Bishop as noted above.

1. Copy of letter of Postulancy from the Bishop.
2. Letter of evaluation and recommendation from the Mentor of the Total or Shared Ministry Team.
3. Recommendation of Vestry or Bishop's Committee (Form 8).
4. Letter of recommendation from the Canon Missioner for Congregational Development, if needed.

**Note: Please send all form originals to the Office of the Bishop.**

April 2010

**Total or Shared Ministry - Form 8**  
**Recommendation for Candidacy for the Diaconate**  
**Within a Total or Shared Ministry Team**  
**The Episcopal Church in Minnesota**  
In accordance with Title III, Canon 6.4(a)(2)

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop's Committee), whose names are hereunder written, testify to the best of our belief and personal knowledge that \_\_\_\_\_ is a confirmed adult communicant of this Congregation in good standing. We do believe, based on personal knowledge or evidence satisfactory to us, that this person is sober, honest, and godly. We do furthermore recommend admission as a Candidate for the Diaconate within our Total or Shared Ministry Team.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of \_\_\_\_\_ Total or Shared Ministry Congregation, \_\_\_\_\_

duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: \_\_\_\_\_ Clerk/Secretary of Vestry/Bishop's Committee

**Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.2 (a).**

Note: Please send all form originals to the Office of the Bishop.

April 2010

**Total or Shared Ministry - Form 9**  
**Postulant's Application for Candidacy for Priesthood**  
**Within a Total or Shared Ministry Team**

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Postulant for the Priesthood in the Episcopal Church in the Total or Shared Ministry Team in \_\_\_\_\_, respectfully apply to the Bishop of Minnesota for admission as a Candidate for the Priesthood and submit the letters/documents required by the Canons of the Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Send this application with the following documents to the Bishop, Attention: Coordinator of Vocations, as stated above.

1. Copy of letter of postulancy from the Bishop.
2. Recommendation from Rector/Priest/Vicar and Vestry/Bishop's Committee (Form 10).
3. Evaluation and recommendation of the Mentor, with report of Postulant's personal qualifications.
4. Letter of recommendation from the Canon Missioner for Congregational Development, if needed.

**Note: Please send all form originals to the Office of the Bishop.**

April 2010

**Total or Shared Ministry - Form 10**  
**Recommendation for Candidacy for Priesthood**  
**Within a Total or Shared Ministry Team**

**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 8.4(a)(2)

**To: The Rt. Rev. Brian N. Prior**  
**ATTN: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop's Committee), whose names are hereunder written, testify to the best of our belief and personal knowledge that \_\_\_\_\_ is a communicant of this Congregation in good standing. We do believe, based on personal knowledge or evidence satisfactory to us, that this person is sober, honest, and godly. We do furthermore recommend admission as a Candidate for the Priesthood within a Total or Shared Ministry Team.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of \_\_\_\_\_ Total or Shared Ministry Congregation, \_\_\_\_\_ duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: \_\_\_\_\_ Clerk/Secretary of Vestry/Bishop's Committee

**Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.2 (a).**

Note: Please send all form originals to the Office of the Bishop. April 2010

**Total or Shared Ministry - Form 11**  
**Candidate's Application for Ordination to the**  
**Diaconate Within a Total or Shared Ministry Team**  
**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 6 of The Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior**  
**Attention: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Candidate for the Diaconate in the Episcopal Church within my Total or Shared Ministry Team, respectfully apply for Ordination to the Diaconate, and submit the necessary documents required by the Canons of the Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Send this application with the following documents to the Bishop as noted above.

For persons seeking the Permanent Diaconate, please include the following.

- 1.. Copies of letters from the Bishop declaring Postulancy and Candidacy.
2. Recommendation from Priest and Vestry/Bishop's Committee (Form 12)
3. Letter of evaluation and recommendation from the Mentor.
4. Letter of evaluation and recommendation from the Canon Missioner for Congregational Development, if needed.

**Note: Please send all form originals to the Office of the Bishop.**

April 2010

**Total or Shared Ministry - Form 12**  
**Recommendation for Ordination to the Diaconate**  
**Within Total or Shared Ministry Team**  
**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 6 of The Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior**  
**Attention: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We do certify that, after due inquiry, we are well assured and believe that \_\_\_\_\_  
\_\_\_\_\_, is sober, honest, and godly, and is loyal to the Doctrine, Discipline, and  
Worship of this Church, and does not hold anything contrary thereto. And, moreover, we think  
\_\_\_\_\_ a person worthy to be admitted to the Sacred Order  
of Deacons.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that \_\_\_\_\_ is a member of \_\_\_\_\_  
Total or Shared Ministry Congregation in \_\_\_\_\_ and a confirmed adult  
communicant in good standing; that the foregoing certificate was signed at a meeting of the  
Vestry/Bishop's Committee of \_\_\_\_\_ Total or Shared Ministry Congregation,  
\_\_\_\_\_, duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-  
thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: \_\_\_\_\_, Clerk/Secretary of Vestry/Bishop's Committee

**Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons,  
Title III, Canon 5.1 (c).**

Note: Please send form originals to the Office of the Bishop.

April 2010

## Total or Shared Ministry - Form 13

# Candidate's Application for Ordination to the Transitional Diaconate within a Total or Shared Ministry Team

The Episcopal Church in Minnesota

In accordance with Title III, Canon 8 of the Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior  
Attention: Coordinator of Vocations  
The Episcopal Church in Minnesota  
1730 Clifton Place, #201  
Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Candidate for the Priesthood in the Episcopal Church within my Total or Shared Ministry Team, respectfully apply for Ordination to the Transitional Diaconate, and submit the necessary documents required by the Canons of the Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Send this application with the following documents to the Bishop as noted above.

For persons seeking the Transitional Diaconate, please include the following.

1. Copies of letters from the Bishop declaring Postulancy and Candidacy.
2. Recommendation from Priest and Vestry/Bishop's Committee (Form 14)
3. Letter of evaluation and recommendation from the Mentor.
4. Letter of evaluation and recommendation from the Canon Missioner for Congregational Development, if needed.

April 2010

**Total or Shared Ministry - Form 14**  
**Recommendation for Ordination to the Transitional Diaconate**  
**within a Total or Shared Ministry Team**  
**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 8 of The Episcopal Church USA

**To: The Rt. Rev. Brian N. Prior**  
**Attention: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We do certify that, after due inquiry, we are well assured and believe that \_\_\_\_\_  
\_\_\_\_\_, is sober, honest, and godly, and is loyal to the Doctrine, Discipline, and  
Worship of this Church, and does not hold anything contrary thereto. And, moreover, we think  
\_\_\_\_\_ a person worthy to be admitted to the Sacred Order  
of Deacons.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that \_\_\_\_\_ is a member of \_\_\_\_\_  
Total or Shared Ministry Congregation in \_\_\_\_\_ and a confirmed adult  
communicant in good standing; that the foregoing certificate was signed at a meeting of the  
Vestry/Bishop's Committee of \_\_\_\_\_ Total or Shared Ministry Congregation,  
\_\_\_\_\_, duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-  
thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: \_\_\_\_\_, Clerk/Secretary of Vestry/Bishop's Committee

**Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.1 (c).**

Note: Please send form originals to the Office of the Bishop. April 2010

**Total Ministry - Form 15**  
**Application for Ordination to the Priesthood within a**  
**Total or Shared Ministry Team**

**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 8.7 (b)

**To: The Rt. Rev. Brian N. Prior**  
**Attention: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

I, \_\_\_\_\_, a Deacon and Candidate for ordination to the Priesthood in the Episcopal Church within my Total or Shared Ministry Team, respectfully apply for ordination to the Priesthood, and submit the necessary documents required by the Canons of the Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephones (including Area Code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Admission to Postulancy: \_\_\_\_\_

Date of Admission to Candidacy: \_\_\_\_\_

Date of Ordination to the Transitional Diaconate: \_\_\_\_\_

**Send this application with the following documents to the Bishop as noted above:**

1. Copies of letters from the Bishop declaring Postulancy, Candidacy, and evidence of Ordination to the Transitional Diaconate.
2. Recommendation from the Vestry/Bishop's Committee and Rector/Vicar/Priest of the Transitional Deacon's congregation (Form 16).
3. Letter of evaluation and recommendation from the Total or Shared Ministry Mentor. See Canon III.8.7(b)(4).
4. A letter of evaluation and recommendation from the Canon Missioner for Congregational Development, if needed.

**Note: Please send all forms to the Office of the Bishop as noted above.** April 2010

**Total or Shared Ministry - Form 16**  
**Recommendation for Ordination to the Priesthood within a Total or Shared**  
**Ministry Team**

**The Episcopal Church in Minnesota**

In accordance with Title III, Canon 8.7(b)(2)

**To: The Rt. Rev. Brian N. Prior**  
**Attention: Coordinator of Vocations**  
**The Episcopal Church in Minnesota**  
**1730 Clifton Place, #201**  
**Minneapolis, MN 55403-3242**

Name of Total or Shared Ministry Congregation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Place: \_\_\_\_\_

We do certify that, after due inquiry, we are well assured and believe that The Rev. \_\_\_\_\_, Deacon since the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, being the date of ordination to the Diaconate within the Total or Shared Ministry Team of this congregation, is sober, honest, and godly, and has not written, taught, or held anything contrary to the Doctrine, Discipline, and Worship of this Church. And, moreover, we think The Rev. \_\_\_\_\_ is a person worthy to be admitted to the Sacred Order of Priests.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest/Missioner: \_\_\_\_\_

Attestation of Clerk or Recording Secretary:

I hereby certify that The Rev. \_\_\_\_\_ is a member of \_\_\_\_\_ Total or Shared Ministry Congregation in \_\_\_\_\_; that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of \_\_\_\_\_ Total or Shared Ministry Congregation, \_\_\_\_\_, duly convened at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: \_\_\_\_\_, Clerk/Secretary of Vestry/Bishop's Committee

**Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.1 (c).**

**Note: Please send all form originals to the Office of the Bishop as noted above.**

April 2010