



## Application for Discernment and Covenant Signatures Form 1

*In accordance with Title III, Canon 6.1(a) and Canon 8.3(a) of the Episcopal Church*

Email (preferred):

File Name: [Last Name] Form 1

File Type: PDF

[holyorders@episcopalmn.org](mailto:holyorders@episcopalmn.org)

Or mail:

Holy Orders File

The Episcopal Church in Minnesota

1101 W. Broadway Avenue

Minneapolis, MN 55411

Dear Bishop Loya:

### Acceptance of Nomination for Discernment:

I, \_\_\_\_\_, accept the nomination of my faith community,  
\_\_\_\_\_, to apply for Discernment for a possible call  
to pursue ordination to Holy Orders.

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

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

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Sponsoring Priest: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

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

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

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

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

**(Documentation required for both Baptism and Confirmation/Reception)**

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

Race/Ethnicity: \_\_\_\_\_

Marital Status:  Single  Married  Domestic Partner  Divorced  Widowed

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

Children (if applicable) Please 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: \_\_\_\_\_

Present Annual Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

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: Y/N Degree: \_\_\_\_\_ Date(s): \_\_\_\_\_

*Please enclose transcripts with this form.*

Previous applicant for Discernment?  No  Yes; Please give details:

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

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All ordained individuals and individuals in discernment and formation are expected to have a relationship with a spiritual director and with a counselor or psychotherapist.

Do you currently have an active relationship with a spiritual director: Y/N

If yes, how long: \_\_\_\_\_

Do you currently have an active relationship with a counselor or psychotherapist: Y/N

If yes, for how long: \_\_\_\_\_

Please give details: \_\_\_\_\_

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The Episcopal Church of Minnesota wants formation for Holy Orders to be accessible to all called individuals. Are there circumstances in your life that could become a barrier to your full participation in formation, such as: atypical learning styles, mobility, access to transportation, allergies, hearing, language, technology, etc.? Are you open to partnering with us to find ways to address these concerns?

Please give details: \_\_\_\_\_

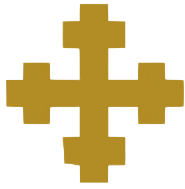
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Date of application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



The Faith Community &  
Individual Discernment:  
**A Covenant**



**“We Promise”**

In the Discernment of [PRINT NAME] \_\_\_\_\_ ,

This Faith Community, [NAME] \_\_\_\_\_ , commits itself to:

- pray for, and in all other ways support and encourage this Discerner as she/he pursues a possible vocation to ordained life in the Episcopal Church;
- work with the Discerner on a Leadership Project within the Faith Community;
- [under the coaching of the Sponsoring Priest,] engage in an intentional prayer, scripture and reflection process with a small group of members of this faith community, from time to time;
- assist the Discerner financially by paying a portion of the Evaluations, and any other costs that may be agreed upon by this Faith Community and the Discerner.

I, [SIGNATURE] \_\_\_\_\_ , identify this person for discernment,  
and will commit to being her/his **Sponsoring Priest**.

I, [SIGNATURE] \_\_\_\_\_ , identify this person for discernment,  
in a supportive manner, in my role as **Vestry Member**.

I, [SIGNATURE] \_\_\_\_\_ , identify this person for discernment,  
and will commit to walk beside her/him as her/his **Companion**.

Signature of the Discerner: \_\_\_\_\_

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

+ *May God's Will Be Done* +