NOMINEE'S QUESTIONNAIRE

Commission on Ministry for the Diocese of Iowa

The Commission on Ministry is interested in knowing about you as a nominee for Holy Orders. We are interested in your ideas, feelings, and how you have lived your life in general. We are especially interested in knowing your passion, your character, and your effectiveness as evidenced in your daily life, past and present, as a baptized Christian. This information will enable us to make the best recommendation to the Bishop concerning ordination. This questionnaire is to be completed and sent to the address below prior to your initial meeting with the Bishop. All information is considered confidential.

Instructions: Please complete this questionnaire, including the narrative of your spiritual journey, and then share it with the member of the clergy in charge of your congregation. You may answer the questions requesting factual information using this form and use additional paper for the narrative responses.

If you are completing this form, you will also submit the applicable companion form for Nomination for Ordination (individuals – priesthood or diaconate), or Application for Admission to Postulancy (members of Ministry Development Team) available at www.iowaepiscopal.org/resources/forms

Mail completed form to: Office of the Bishop, Episcopal Diocese of Iowa 225 – 37th Street, Des Moines, IA 50312-4305

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Social Security number will appear in

FILE COPY ONLY

Date received:

I. Identifying Informat	ion		
Date of application:		To which order:	
Social Security Number:			
Full legal name of nomin	nee:		
	(First)	(Middle)	(Last)
Other names you may ha	ve used:		
This (is) (is not) my first app	lication for admission a	as a Postulant for Holy Orders. If not
please explain.			
MaleFemale	Age:		
Date of Birth:		Birthplace:	
Home address			
Telephone: Daytime	O	ther	email
			D. C. C. C.
			Date of Birth:
If deceased, please give of	cause and date of	death:	
Mother's name:		Occupation:	
Address			Date of Birth
If deceased, please give of	cause and date of	death:	
Sibling/s (please list)			
Name	Age Add	lress	Occupation

If deceased, please give date and cause of death.

III. Marital History					
Please check all that apply	y now: Married	_ Single Engaged Divorced Remarried Widowed			
A. Spouse's name:		Occupation:			
Address		Date of Birth:			
Date of marriage:					
B. List and date all previous	ous marriages:				
C. Children (please list)					
Name	Age	Address			
If deceased, please give d		death.			
IV. Educational History					
A. High school Loca	tion Year	rs enrolled Graduated GPA			
List extra curricular act	ivities, leadersh	nip experiences and community involvement while in high			
B. College/University	Location	Years enrolled Degree Major/minor GPA			

List extra curricular activities, leadership experiences and community involvement while in college					
C.	Please identify	y and discuss ar	ny significant continuing	educational experience:	
	Work History		romambar Datas may b	a approvimata in aarly hig	tom
				e approximate in early hist	
EII	nployer	Dates	Responsibilities	Reason I	for leaving
VI	I. Medical His	torv			
		•	al health:		
	•	C			
1.	Briefly descri	ibe any current	community involvemen	t.	
2.	Briefly descri	ibe your leisur o	e time activities and inte	rests.	

B. Briefly describe your general health history from childhood. Include any major illnesses,				
surgeries, or accidents. Ple	ase briefly discuss a	ny previous trea	atment for mental illness or substance	
abuse.				
VII. Religious History				
A. Baptism date:	Place		By whom:	
B. Confirmation/receptio	n in Anglican Com	munion date: _		
Place:	E	By whom:		
C. Length of time as an E	piscopalian in Dioc	cese of Iowa:		
Ü	• •			
D. Churches attended				
Name / Denomination	Location	Dates	Type of Involvement	
Name / Denomination	Location	Dates	Type of involvement	
				
VIII. Financial Informati	on			
The cost of a theological education can be significant. Please indicate how you plan to finance your				
education.			• • • • • • • • • • • • • • • • • • • •	

IX. Spiritual Journey Narrative. Use additional pages and attach them to this form.

Please describe your spiritual journey to this point. You may begin with an outline of your early relationships with family and friends, significant growth experiences, and your emotional development as a child or youth. Include information about experiences you have had that could help us to understand you better. This should include any major upheaval such as loss of a loved one, marital changes, occupational changes, or any other pertinent information.

What life experiences have you had that shaped your relationship with God and other people? You may include the beginning of your conscious relationship with God, who and what has nurtured that, and what experiences have challenged or deepened that.

Describe the emergence in your life of your call to Holy Orders and how you have responded to this call. How have your family members and your friends responded to knowledge of your call to Holy Orders?

What have you done and/or are you doing now that best expresses your love for God and your love for your neighbors? How are you living out your baptismal vows in your present context? What gifts of ministry are you sharing in your present congregation? What dimensions of your life now are the most challenging and the most rewarding?

What vision do you have at this time of your possible ministry as an ordained person? What are the possible continuities and the discontinuities you foresee with your present ministry as a baptized person?

Form completed by _			Date:
	(nominee's signature)		
Reviewed by The Re	eV		Date:
	(signature)		
Congregation:		Location:	

Rev. 07/09