

## Appendix A: Glossary

- Aspirant** – A person who, considering a call to diaconate or priesthood, has an earnest desire to explore this call and enter the process leading towards ordination. The initial step is becoming a Nominee for Holy Orders.
- Candidate for Holy Orders** – The second formal stage in the ordination process. It follows postulancy. The next stage is ordination to the Diaconate.
- Canonical requirements** – Requirements that are specified in Diocesan or national Canon Law.
- Canons** – The official legal structure of the diocese and the national church by which it is ordered and administered; OR an ecclesiastical title that refers to clergy and lay persons who are on the staff of a cathedral or a diocese, or those who are given that designation as an honorary title by the bishop of a diocese.
- Canonical Residence** – The diocese in which a clergy person is “legally” resident and entitled to vote in Diocesan Convention. A clergy person may actually live in a different diocese.
- Church Pension Fund** – The official national organization which administers the pension funds for clergy and lay employees of the Episcopal Church.
- Commission on Ministry (COM)** – An elected and appointed diocesan commission that serves to support the bishop on equipping all the baptized for their ministries and advises the bishop and the Standing Committee on ordinations and oversee the process leading to ordination.
- Communicant in Good Standing** – A baptized Christian who receives communion, is regular in attendance at worship, and contributes to the life and work of the Episcopal Church.
- Community of Discernment** – A parish, mission or other congregation of the diocese, a college chapel or college chaplaincy program, a military chapel, or any other worshiping community designated by the bishop as an appropriate community for the discernment of ministry.
- Congregation** – Any gathering of Episcopalians recognized by the diocese. The congregation may be an independent parish, a mission, a chapel or some other recognized body.
- Deacon** – A person called to the life and ministry of a deacon and ordained as such.
- Discernment** – A deliberate, prayerful and self-conscious seeking of God’s will for our lives.
- General Ordination Exam (GOE)** – An examination in the seven canonical areas of study required for priesthood that is prepared, administered, and graded by the national church. The results are sent to the individual student and to the diocese.

- Holy Orders** – Specific roles of ministry in the church that require ordination, i.e., bishops, priests and deacons.
- Letter Dimissory** – Letters which specify the “canonical residence” of a clergy person. In order for a clergy person to move to a new diocese, Letters Dimissory must be sent to and accepted by the bishop of the new diocese.
- Local priest** – A priest whose ministry is geographically limited by the bishop.
- Mentor** – A person serving on the Commission on Ministry who is designated by the COM as the link or means of communication between the COM and a postulant or candidate.
- Nominee** – A person who has been discerned for ordination by a discernment community and nominated by the vestry and clergy person in charge (or by their equivalents in a community of faith designated by the bishop).
- Ordinand** – A person who has been approved for ordination.
- Ordination** – The liturgical service that celebrates the validation by the church of the call of an individual to ministry as a deacon, priest, or bishop and the action that creates a deacon, priest, or bishop. The service has roots in Jesus’ commissioning of the seventy and in Barnabas’ commissioning with prayer and the laying on of hands (Acts 6:1-6).
- Postulant for Holy Orders** – The first formal stage of the ordination process. A person must be nominated for Postulancy by a community of discernment and accepted by the bishop. The following step is Candidacy for Holy Orders.
- Priest** – A person called to the life and ministry of a priest and ordained as such.
- Resident Clergy Person** – The ordained person responsible for ministry in a particular congregation. He or she may be the rector, vicar or priest-in-charge, the missionary of a cluster, or some other clergy person designated by the bishop’s office.
- Seminary** – Schools offering graduate degrees in theology and with the primary focus of preparing individuals for ordained ministry within the church. The Episcopal Church has 11 recognized and accredited seminaries.
- Standing Committee** – An elected body of the diocese that serves as a council of advice to the bishop and consents to ordinations
- Title III** – Title III is the section of the Canons of the Episcopal Church that addresses ministry, both lay and ordained. They may be viewed at [https://www.churchpublishing.org/general\\_convention/](https://www.churchpublishing.org/general_convention/)
- Total Common Ministry (TCM)** – A concept of ministry that is rooted in the ministry of all the baptized. It is a team ministry in which the members of the team assume the functions needed in the geographic area including functions that require ordination.
- Transitional Deacon** – A person called to the life and ministry of a priest and ordained as a deacon as part of the process of preparation for the

priesthood.

**Vestry** – The governing body of a parish elected by the congregation at its annual meeting. In a mission that body is called an Executive Committee. These bodies share with the priest fiscal and missional responsibility for the life of the community.

**Vocation** – God’s call to each of us given in baptism. Such a call may include a specific role or ministry and is usually connected with our particular skills, interests, and personalities. In relation to ordained ministries, God’s call is affirmed by the church after a period of discernment for that particular ministry..

## **Appendix B: Whom to Call for What**

To arrange for a discernment process in your congregation, call the resident clergy person; to arrange a meeting with the Missioner for Vocational Discernment, who will outline process and recruit someone from your district to join your local team, call 585-750-2820.

For information about the requirements for ordination, call the resident clergy person of your congregation, the Chair of the Commission on Ministry, or the Missioner for Vocational Discernment.

To talk about beginning the process toward ordination, call the resident clergy person of your congregation, the Chair of the Commission on Ministry, or the Missioner for Vocational Discernment.

For information about seminary education, call the Missioner for Vocational Discernment.

To schedule medical evaluation make the appointment with your own physician.

To schedule a psychological evaluation, first get the contact information from the bishop's Executive Assistant, and then make your appointment(s).

For scheduling interviews for postulancy, candidacy, diaconate, and priesthood, call the Chair of the Commission on Ministry or your mentor.

For scheduling appointments with the bishop, call the Executive Assistant.

For review of documents submitted and requirements met or to check on outstanding documents or requirements, call the Executive Assistant.

If you don't know whom to call, call your resident clergy person or the Missioner for Vocational Discernment.

## Appendix C: A Discernment Process

Every congregation is encouraged to form discernment groups to assist members of the congregation in the clarifying what God is calling each of us to do with our life of ministry, whether as a baptized person in the world, or an ordained ministry in the church. All the baptized are called to some ministry.

The benefits of congregational discernment group include:

- Mutual support for our ministries.
- An affirmation of the gifts of all the People of God.
- Encouraging one another as we seek to engage in the daily life of ministry.
- Enriching the spiritual life of the congregation.
- Prayer support.

Discerning God's call to ministry involves our listening to God. Members of our local faith community help us to clarify and deepen our sense of being called by God to a ministry by joining us in this listening process. What follows is an outline of a recommended process for a local discernment team to follow. It is not prescriptive, but offered as a guide.

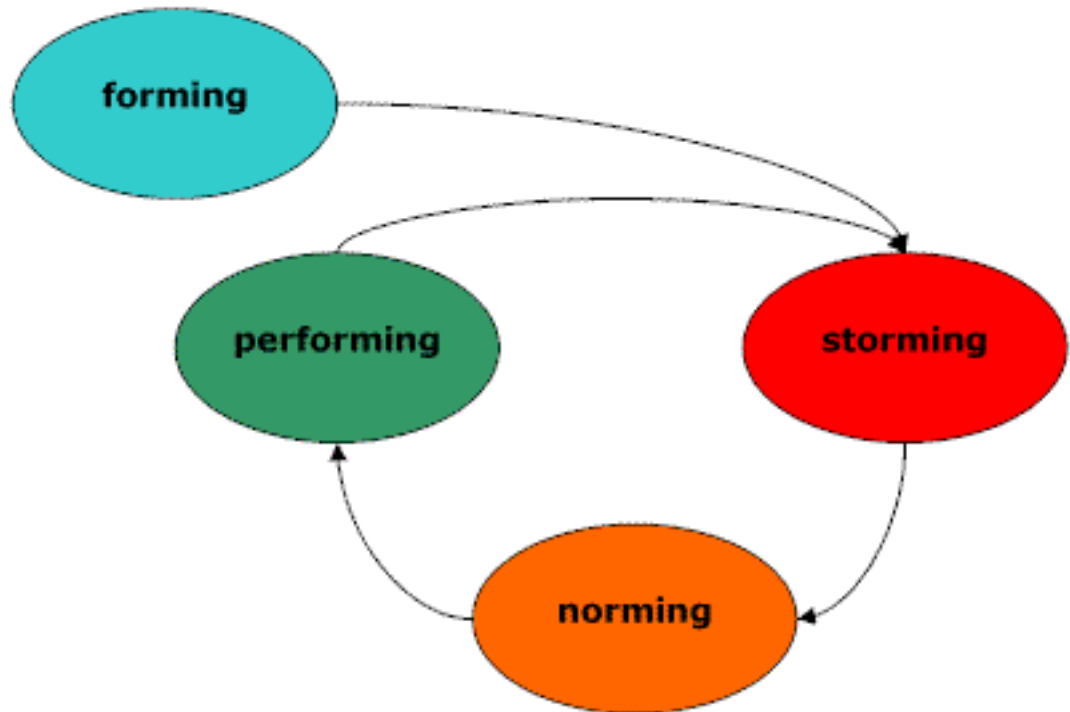
*The Diocese is most grateful for the time and commitment members of local teams give to this most important area of our ministry to one another.*

### *First a note or two about the **Local Team**:*

- The Rector, often in consultation with those seeking to better discern God's call, will appoint the local team.
- The local team will be composed of five to six people who have some practice of listening for God's voice in our day-to-day work, or who are open to learning the practice of listening. They are people who have demonstrable gifts in listening to the leading of the Spirit.
- The local team is not expected to give definitive answers, but to join in the quest by gentle conversations that report what is being heard and seen in the discernment process.
- Local team members will join this conversation by willingly sharing elements of their own walk with God by sharing in the writing of a spiritual autobiography. It is important to remember that all of us are seekers after wisdom in this process.
- *When the discernor is seeking an ordained ministry the local team will include a person or persons from another congregation in the district. At the time of the formation of a local team for discernment of a call to ordination the Rector will consult with the Bishop's office for names of people from the district. Teams should have no more than six members.*

*Second a note about **Group Development**:*

- According to Social Psychologist, Bruce Tuckman, all groups go through various cycles, and it is helpful to bear this in mind as a new local team is formed. These cycles are:
  - Forming--coming together and getting to know each other
  - Storming--conflicting as members figure out their place in the group and how to behave
  - Norming--reaching implicit or explicit consensus on how to work together
  - Performing--functioning well together and achieving group goals
  - Adjourning--preparing to disband after the group's goals are achieved<sup>5</sup>
- These cycles should not be thought of as “stages” in some kind of linear model, but rather dimensions of group life that are present during the life-cycle of the group. The following diagram may better illustrate what this means<sup>6</sup>:



<sup>5</sup> ©1965 by the American Psychological Association. This article appeared in *Psychological Bulletin*, Volume 63, Number 6, Pages 384- 99

<sup>6</sup> Reproduced from the encyclopaedia of informal education [<http://www.infed.org/thinkers/tuckman.htm> - cite]

*Third a note about the **Process**:*

- There will usually be twelve or so meetings of the Local Team and every member is expected to be present at each of the meetings.
- It is desirable that the pace of meetings allow for time for members to reflect on their work. Meeting every other week or twice a month is a good pattern for this process to be most fruitful.
- Each team will have a **Facilitator**, identified by the Rector or Priest-in-Charge, who will be responsible for seeing that:
  - The meetings are held in a space that is conducive to reflective conversation and prayer.
  - The team is invited to establish their norms at the beginning, e.g.:
    - Meetings begin on time and end on time.
    - Team members follow norms of respect and confidentiality.
    - Each member is able to contribute.
    - Members speak only in “I” statements.
    - Conversations do not continue in the parking lot or by email.
  - Sessions are not rushed and truly open to the gentle promptings of the Spirit. In this vein the outline that follows is not to be treated as a legal requirement. If it is appropriate to linger at a place where the Spirit is leading then do so.
  - The team is gently invited into those moments of silence called for in the outline, indicating the length of time silence will be observed.
  - Sessions end by:
    - Reviewing **Any concerns?** – i.e. related to the discernment journey the group is engaged in. *(N.B. Facilitators should familiarize themselves with the outline of Group Development noted above. They should check in with the group at each meeting to see how members are feeling about what is going on with the group at the time.)*
    - Going over the homework/reading.
    - Pointing out the **Thoughts for reflection** as members prepare for the next session.
  - Any pastoral concerns are communicated to the Rector or Priest-in-Charge.
  - Each member of the team, the case of those seeking ordination, submit their discernments in writing to the Vestry and to the Rector or Priest-in-Charge at the end of the sessions.
  - The person from the Bishop’s office who is coordinating the discernment process for the Diocese is invited to join in a closing Eucharist.
- The core of this process is for all of the team to practice reflective listening, both to each other, and to the Spirit of God. The key question: ***To what ministry is God calling you?*** is one that will be shared by each member of

the group and most certainly by the discerner at the early stages of the process.

- Each member of the team will be expected to write a spiritual autobiography. These written documents are private for the present and serve as an important preparation for the conversations that will take place between the team and the discerner in the effort to know the mind of God. See below for suggestions on how to go about this task – Appendix D p. 88. If a call is affirmed by the team, then a written spiritual autobiography will need to be submitted to the clergy and vestry and then to the bishop, and will become a part of the Aspirant's personal file.

- The process involves several dimensions of listening:

**Part One** - sessions 1 to 3 - listening to how God has been at work in our lives.

**Part Two** - sessions 4 to 5 - appreciating God's presence in community.

**Part Three** - sessions 6 to 8 - identifying God's gifts for daily ministry.

*For those seeking validation of their sense of call to a lay ministry their time of reflection may end here and the team could signal this with a time of prayer for the person embarking on their call to ministry. The local clergy might consider either joining the group and offering a Eucharist or providing for a commissioning of the person in the Sunday Liturgy.*

**Part Four** - sessions 9 - 11 - recognizing God's call to an ordained ministry.

Concluding Eucharist - Sending forth.

*Only in part three does the focus turn explicitly to the call to an ordained ministry of the church. Up to then the team is learning to listen and to encourage one another in a Rule of Life that involves, prayer, bible study, worship, and mutual conversation.*

- In the case of the discerner being an Aspirant for Ordination, and should the team conclude that there is evidence of a call they will write their reflections and send their commendation to the Rector/Priest in Charge, and the Vestry.
- When an Aspirant is admitted to Postulancy, the Local Team may, if it is mutually acceptable, continue to meet from time to time for prayer and continued support.
- Should the Local Team conclude that there is no call to the ordained ministry, they will prayerfully assist the Aspirant/Discerner to consider other avenues of ministry to which God may be calling him/her.



*Fourth, a note about the **Aspirant/Discerner**:*

- All those in discernment are expected to willingly engage in the conversations being led by the team and to respond to questions as fully and as openly as is appropriate. This is their opportunity to learn from the wisdom of the community.
- In the case of the person aspiring to ordination they will:
  - When asked, complete assignments asked of them.
  - Reflect prayerfully on the wisdom of the Local Team when guidance is offered.
  - Be aware that this process is not about success or failure, but about seeking to know God's will.

*Fifth, a note about **Team Meetings**:*

- Remember at all times the Team is dealing with someone's spiritual journey and to handle this with care, compassion, openness and honesty at all times.
- The outline below suggests that there be at least 12 meetings—these may be scheduled at times to suit all participants but should not extend beyond twelve-months.
- Meetings should not be rushed. Generally at least an hour, preferably longer.
- Members of the Local Team along with the Aspirant/Discerner will honor the code of confidentiality at all times.
- Each meeting will begin and end with time for prayer. The chair may offer written prayers, but also encourage extemporary prayer by the group.

*Sixth, a note about **Materials**:*

1. Required Texts:
  - Bible
  - Book of Common Prayer
  - *Listening Hearts* by Farnham, Gill, McLean and Ward and *Grounded in God* by Farnham, Hull and McLean.
2. Suggested Reading: *Living on the Border (of the Holy)* by L. William Countryman; **Holy Baptism**, p. 299, *Book of Common Prayer*, 1977.
3. Participant Notebook – for notes and reflections.

For further training and support in this process, please contact the Bishop's Office.

## SUGGESTED SESSIONS FOR DISCERNMENT GROUPS

### PART ONE – LISTENING TO HOW GOD HAS BEEN AT WORK IN OUR LIVES

#### Preparation: Read

- Group Listening Guidelines beginning on p.57 of *Grounded in God*.
- Chapters 1 & 2, *Listening Hearts*.

#### Session 1: Telling Your Story – Introduction (*times suggested are approximate*)

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 min) – leader invites the community into a period of silence. For those unfamiliar with this practice, here are some guidelines and suggestions:

- *Be sure to get into a comfortable position, sitting as erect with feet flat on the floor.*
- *Begin with a quiet prayer of thanks for each person in the group and ask God to help all to let go of the busyness of the day.*
- *Slow down your breathing and begin to repeat a quiet prayer, so that your mind is free to be with God. Some people find it helpful to use the Jesus Prayer saying with the in breath, **Lord Jesus Christ Son of God**, and with the out breath, **have mercy on me**.*
- *Do not worry if you are distracted, just gently let go of the busy thoughts.*
- *After the time of silence – length should not be less than five minutes – the leader will quietly offer the Collect For Guidance, BCP, p. 832 #58.*

**Dwelling on the Word:** (10 mins) Mark 10:35-52. *We will focus on this passage for the next three sessions. The idea is to stay with the text and let the Spirit speak through the text.*

- Have someone read the passage. *Silence*
- Have someone else read the passage. *Silence*
- Then ask – *What caught your attention? Where did you get stuck?*  
Again this is a time for listening to each other and not commenting on what someone says.

**Review reading** (30 mins) – Go over *Listening Guidelines*. Discuss Chapters 1 & 2, *Listening Hearts*. Suggested questions might include:

- *Have you ever had a sense of call in your life?*
- *How has God shown up in your life?*
- *Are there times when you have resisted God's call?*
- *Are there times when you seem to be in the dark?*
- *Is there a difference between doing good and doing ministry?*
- *Where is your ministry at present?*

**Spiritual Autobiographies:** (10 mins) Go over the suggestions for doing this in Appendix D. This first session sets the stage for writing spiritual autobiographies. Each of the members of the group will write and share a spiritual autobiography. Sharing may take up more than one meeting.

**Any Concerns?**

**Closing Prayer** A Prayer of Thomas Merton, *Listening Hearts*, p. 147.

**Homework** Each member writes out his or her spiritual autobiography. Read Chapter 3, *Listening Hearts*.

### Session 2: Telling Your Story – Continued

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding with the Collect For Quiet Confidence, BCP, p. 832 #59

**Dwelling on the Word:** Mark 10:35-52. (10 mins)

**Sharing Spiritual Autobiographies (40 mins)**– How has God shown up in our lives? *The object of this sharing is to practice listening to one another. Questions for clarification are in order, but commentary is not! After each person has presented, offer silent prayer for that person. Do not rush this process and if necessary continue this exercise into Session 3. Hear the Aspirant last.*

**Review reading (15 mins)**– *Listening Hearts Ch. 3. Questions for consideration:*

- *How do you distinguish between what God is calling you to do from all of the other voices that try to influence us?*
- *How is discerning different from obeying the rules or doing good?*

**Any Concerns?**

**Closing Prayer** A Prayer of Thomas Merton, *Listening Hearts*, p. 167.

**Homework** – Read chapters 4 – 5 *Listening Hearts*.

### Session 3: Telling Your Story – Continued

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding with the Collect For Quiet Confidence, BCP, p. 832 #59.

**Dwelling on the Word:** (10 mins) Mark 10:35-52.

**Sharing Spiritual Autobiographies continued and concluding with the Aspirant** (20 mins)

**Review reading** (20 mins)– *Listening Hearts* Ch. 4 - 5. Questions for consideration:

- *What practices help you attend to what God is doing in your life, in the world around you? What gets in the way?*
- *Have there been turning points that increased your awareness of God's presence?*
- *What role does scripture play in your desire to know God's calling?*

**Any Concerns?**

**Closing Prayer** A Prayer of Thomas Merton, *Listening Hearts*, p. 147.

**Homework** – Read chapters 6 - 7 *Listening Hearts*. Read *I Corinthians* 12:12 - 31. The Aspirant will prepare a meditation/reflection on this passage.

**PART TWO – APPRECIATING GOD'S PRESENCE IN COMMUNITY (4 – 5)**

**Session 4: Being in Community**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the third collect in the BCP *Of a Saint*, BCP p. 250.

**Thoughts for reflection:**

- *How good and pleasant it is when kindred live together in unity.* Psalm 133:1
- *Christian brotherhood (and sisterhood) is not an ideal which we must realize; it is rather a reality created by God in Christ in which we may participate.* Dietrich Bonhoeffer, *Life Together*, New York: Harper 1954, p. 30.

**Dwelling on the Word:** (10 mins) *I Corinthians* 12:12 - 21. Use the same procedure as in previous sessions.

**Review reading** – *Listening Hearts* Chs.6 & 7

Questions for consideration (40 mins):

- *Have you found the Christian community to be a help or a hindrance in following God's call?*
- *In what ways is Christ present to you through your community?*
- *What do you learn about the nature of Christian community from the Baptismal service?*

- *For the Aspirant, how has the Christian community shaped your sense of call?*
- *End the reflection time with the Aspirant's meditation/reflection.*

### **Any Concerns?**

**Closing Prayer** All are invited to join in the prayer for the Church in the Ordinal, BCP p.528.

**Homework** – Read *Matthew 5:21 - 26; 18:15 - 22*. The Aspirant will write a case study of a time when you experienced a community in conflict. Did you contribute or distract from the work of reconciliation? What lessons did you learn from this period?

## **Session 5: Community and Conflict**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the thanksgiving for the Mission of the Church, BCP p. 838.

### **Thoughts for reflection:**

- *The call to faith is the call to trust God and God's dreams enough to realign our dreams with God's, to dream our little dreams within God's big dream. Brian McLaren, "Found in Translation"*  
<http://sojo.net/magazine/2006/03/found-translation>.
- *The aftermath of nonviolence is the creation of the beloved community, so that when the battle's over, a new relationship comes into being between the oppressed and the oppressor. Martin Luther King, Jr., 1959 "Sermon on Gandhi."*

**Dwelling on the Word:** (10 mins) I Corinthians 13. Use the same procedure as in previous sessions.

**Review reading** – *Matthew 5:21 - 26; 18:15 - 22*. Questions for consideration (40 mins):

- *Invite the Aspirant to present his/her case study. Explore how it felt to be in the midst of conflict.*
- *How might the teachings of Jesus influence the way we handle conflict in our communities?*
- *How do we balance accountability and forgiveness?*
- *What are you learning about the Aspirants leadership style?*

### **Any Concerns?**

**Closing Prayer** All are invited to join in A Prayer Attributed to St. Francis, BCP, p. 833 #62.

**Homework** – *Read in the Service of Holy Baptism, BCP. pp.301-8.*

### **PART THREE – IDENTIFYING GOD’S GIFTS FOR DAILY MINISTRY (6 – 8)**

#### **Session 6: Discovering my gifts.**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect For all Baptized Christians, BCP p. 252, #7

**Dwelling on the Word:** (10 mins) I Corinthians 12: 1 - 14. *Use the same procedure as in previous sessions.*

#### **Thoughts for reflection:**

- *When you wash your face, remember your baptism. Martin Luther.*
- *God has given us a new birth into a living hope through the resurrection of Jesus Christ from the dead. I Peter 1:3.*
- *In baptism we discover that we are meant to be for others, in the same way God is for us. Katherine Jefferts Schori, Presiding Bishop, Episcopal Church.*

**Review reading** – *Service of Holy Baptism, BCP. pp.301-8. Questions for consideration (40 mins):*

- *How does baptism define your identity and your ministry as a Christian? Describe milestones in your journey and how you have come to see this fundamental identity as true for you.*
- *How is baptism an initiation into radical hope and what does this mean for you in your daily ministry? Describe some of the people that have influenced you and who live with radical hope.*
- *What do you learn about Christian ministry from the Baptismal service?*
- *How has your baptismal ministry influenced your life*

#### **Any Concerns?**

**Closing Prayer** *Invite all to join in this prayer of St. Benedict:*

Gracious and holy Father,  
please give me:  
intellect to understand you;  
reason to discern you;  
diligence to seek you;  
wisdom to find you;  
a spirit to know you;  
a heart to meditate upon you;  
ears to hear you;

eyes to see you;  
a tongue to proclaim you;  
a way of life pleasing to you;  
patience to wait for you;  
and perseverance to look for you.

**Homework** – take the Self-Assessment Inventory created by the Evangelical Lutheran Church in America and found at: <http://www.elca.org/en/Our-Work/Congregations-and-Synods/Faith-Practices/Assessment-Tools> You are encouraged to take the inventory online, print a copy of the results, and be ready to discuss them at the next session.

### Session 7: Practice of Daily Ministry

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect Of the Holy Spirit, BCP p. 251, #2

#### Thoughts for reflection:

- *Prayer is not a way of making use of God; prayer is a way of offering ourselves to God in order that He should be able to make use of us.* William Barclay, *The Plain Man's Book of Prayers*, London: Collins, 1959, p. 21.
- *...the bible is the record of people who look at the world and ask what is God doing?* Verna Dozier, *The Dream of God*, New York: Church Publishing, 2006, p. 16

**Dwelling on the Word:** (10 mins) Ephesians 4:1- 16. *Use the same procedure as in previous sessions.*

**Review Homework** – *Self-Assessment Inventory. Questions for consideration (40 mins):*

- *Have each person report on the cluster of gifts that were identified for them and how they responded to this assessment? Are there people you admire who also share these gifts?*
- *Have each person give an illustration of how they see their gift being used in the home, at work, in the community?*
- *When there is an Aspirant in the group, have the Aspirant reflect on the gifts that have been identified and to describe how these gifts might enrich their practice of ministry as an ordained person?*

#### Any Concerns?

**Closing Prayer** – *Invite all to join in the Collect for all Christians in their vocation, BCP p. 256 #III*

**Homework** – Read Romans 12:1- 21 along with Catechism: *What is the ministry of the laity?* BCP p. 855. For the Aspirant, prepare a meditation/reflection on Romans 12: 1 – 2.

### **Session 8. Offering my gifts.**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect for Vocation in Daily Work, BCP p. 261, #24

#### **Thoughts for reflection:**

- *If you wish to be perfect, go sell your possessions, and give the money to the poor.* Jesus (Matt. 19:21)
- *If God can work through me, he can work through anyone.* - St. Francis of Assisi

**Dwelling on the Word:** (10 mins) 2 Corinthians 5:16 - 21. Use the same procedure as in previous sessions.

**Review reading** – Romans 12:1 – 21; Catechism on ministry of the laity. Questions for consideration (40 mins):

- *Have Aspirant present his/her meditation on Romans 1:1 – 2. Allow group to ask questions for clarification.*
- *Can any member of a group give an example of when they were involved in “Christ’s work of reconciliation”?*
- *Are there people who have embodied “Christ’s work of reconciliation” for you?*
- *The sharing of the Peace is usually followed by the Offertory in the liturgy. Do you see any connection in these actions? How is the Offertory a way in which all of our ministry is being offered to God?*
- *For the Aspirant: what have you learned about your own gifts and their role in Christ’s ministry of reconciliation?*

#### **Any Concerns?**

**Closing Prayer:** All are invited to join in A Prayer Attributed to St. Francis, BCP, p. 833 #62

*For those seeking validation of their sense of call to a lay ministry, their time of reflection may end here, and the team could signal this with a time of prayer for the person embarking on their call to ministry. The local clergyperson might consider either joining the group and offering a Eucharist, or providing for a commissioning of the person in the Sunday Liturgy.*



*For those persons seeking an ordained ministry please continue on to Part Four.*

## **PART FOUR – RECOGNIZING GOD’S CALL TO AN ORDAINED MINISTRY (9 – 11)**

**Note to Aspirants.** *By now you have had the opportunity to explore the gifts God has given for your ministry in the mission to transform the world into God’s beloved community. If you believe God is calling you to an ordained ministry of the church please read the theological introduction to these orders in this Handbook and consider the following descriptions of these ministries as you determine where God is leading you.*

*For groups discerning a call to an ordained ministry please continue here with this assignment for Session 9.*

**Homework** – Read Luke 10:25 - 37 and The Examination in *Ordination: Deacon*, BCP p. 543. Have the Aspirant prepare a case study describing when they exercised some form of servant ministry.

### **Notes on doing a case study:**

- Consider a situation in which you were a caregiver, listener or helper for someone. Describe the situation as fully as you can in about 3 pages, including:
  - What was your role in relationship to the person needing care? What were the feelings of this person about his/her situation?
  - Your assessment of the person's needs for support, his/her growing edges at that time, and the need for care at that moment?
  - Describe to the best of your ability the feelings that the person needing care aroused in you as the caregiver?
  - Reflect on what, if any, might be the role of a faith community in this situation?
  - What theological/biblical resources you found helpful in reflecting on this experience.
  - Identify one learning you take away from this experience.
- Be sure to protect the confidentiality of all persons by disguising names and situations as you present your case study.

*NB all ministry begins in embracing the model of servanthood as seen in Jesus. This next session is appropriate for Aspirants to either diaconal or priestly ministry.*

### **Session 9. Embodying Servanthood in Diaconal or Priestly Ministry**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect from the Ordinal, BCP p. 540.

**Thoughts for reflection:**

- *Whoever wants to be first must be last of all and servant of all. Jesus Mark 9:35*
- *“Eucharist (is) the continuing renewal of communion with Christ and one another in God’s family and a reminder that our Christian identity is expressed in a servant ministry of life broken and poured out for others.” Jackson W. Carroll, As One with Authority, p. 107*
- *“The image of “servant” must be viewed with a certain suspicion in our times. For one thing, it has come to prominence precisely at a time when servants have practically ceased to exist in the Western world. (As) the metaphor of clergy as servants...it becomes a kind of blank check...” L. William Countryman, Living on the Border, p. 99*

**Dwelling on the Word:** (10 mins) Luke 10:25 - 37. Use the same procedure as in previous sessions.

**Review reading** –*The Examination in Ordination: Deacon, BCP p. 543.*

*Questions for consideration (40 mins):*

- *Have Aspirant present his/her Case Study on servant ministry. Allow the group to ask questions for clarification.*
- *We learn to become servants by being served; who has served you in your journey?*
- *Explore with one another how being a servant is a counter-cultural way of being human and in community with others?*
- *What is involved in being a servant-leader? Can you give examples of servant-leaders who have influenced your own understanding of ministry?*

**Any Concerns?**

**Closing Prayer**

O God, most merciful Father, we praise you for sending your Son Jesus Christ, who took on himself the form of a servant, and humbled himself, becoming obedient even to death on the cross. We praise you that you have highly exalted him, and made him Lord of all; and that, through him, we know that whoever would be great must be servant of all. We praise you for the many ministries in your Church, and for calling us to share in this servant ministry both in our communities and in the world around us. (Adapted from the Ordinal, BCP p. 545.)

**Homework –**

**Diaconal ministry:** *If the Aspirant is leaning toward Diaconal Ministry – Read Matthew 25:31-46 and p. 543 of the Book of Common Prayer. Aspirant should write on why they feel called to diaconal ministry and what gifts and life*

*experiences they bring to this ministry. Include at least one example of how they learned to listen to the needs of others.*

**Priestly ministry:** *If the Aspirant is leaning toward Priestly Ministry – Read Matthew 9:35 - 38 and p. 531 of the Book of Common Prayer and Ch. 3 of Timothy Sedgwick, The Making of Ministry, Cowley, Cambridge, 1993. Aspirant should write why they feel called to priestly ministry and what gifts and life experiences they bring to this ministry. Include at least one example of how they enabled another person to hear the gospel.*

## **Session 10. Embodying Servanthood in Diaconal Ministry**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect from the Ordinal, BCP p. 540.

### **Thoughts for reflection:**

- *I was hungry and you fed me, I was thirsty and you gave me a drink, I was homeless and you gave me a room, I was shivering and you gave me clothes, I was sick and you stopped to visit, I was in prison and you came to me.....I'm telling the solemn truth: **Whenever you did one of these things to someone overlooked or ignored, that was me** - you did it to me. Jesus, *The Message Bible*, Matt. 25: 35-36, 40. Eugene Peterson. (Emphasis added.)*
- *Saints are simply persons who are sufficiently self-abandoned to let the Spirit act through them. E. Underhill, *School of Charity**
- *The diaconate is not **above** the laity but is **of** the laity, serving to cultivate the serving ministry of the whole church. John E. Booty, *The Servant Church**

**Dwelling on the Word:** (10 mins) Matthew 25:31-46. Use the same procedure as in previous sessions.

**Review reading** – *The Examination in Ordination: Deacon, BCP p. 543.*

**Questions for consideration** (40 mins):

- *Allow Aspirant to share their reflections on Matthew 25 if they have not already done so.*
- *How would you re-interpret the list of ministries in Matthew 25 for this age?*
- *How do we successfully interpret the needs of the world around us to the church with whom we gather for worship?*
- *How do we successfully encourage others to meet the needs of the world around the gathered community of faith?*
- *What kind of leadership style will the Aspirant bring to this ministry?*

- *What experiences does the Aspirant bring to this diaconal ministry?*

**Any Concerns?**

**Closing Prayer**

Open our eyes that they may see  
the deepest needs of people;  
move our hands that they may feed the hungry;  
touch our hearts that they may bring warmth to the despairing;  
teach us the generosity that welcomes strangers;  
let us share our possessions to clothe the naked;  
give us the care that strengthens the sick;  
make us share in the quest to set prisoners free.  
In sharing our anxieties and our love,  
our poverty and our prosperity,  
we partake of your divine presence. Amen.

Canann Banana, Zimbabwe in Janet Morley, ed, *Bread for Tomorrow*, Orbis, New York, 1992 p. 25

**Homework** – *Read Luke 11:1 – 13 Aspirants should write an account of their own journey in prayer—what has been their experience and what practices have been most helpful.*

**Session 10. Embodying Servanthood in Priestly Ministry**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering the Collect from the Ordinal, BCP p. 540.

**Thoughts for reflection:**

- *“Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything that I have commanded you. And remember, I am with you always.”* Jesus, Matthew 28:19-20.
- “In practicing ...sacramental priesthood...remember the greater priesthood of which you are an icon. *You practice the sacramental priesthood best when you are most transparent to the more fundamental priesthood to which it points.* Handle the sacred rites with a respect that looks beyond them to the human encounter with the HIDDEN HOLY, toward which, as signs, they direct us.” L. William Countryman, *Living On the Border of the Holy: Renewing the Priesthood of All*, Morehouse Barlow, Harrisburg, 1999, p. 193
- Priests “must be story-tellers. In bringing together the Christian story with the story of our lives people are in touch with the holy...(they)

are participants in the story of Christ...Their ministry is sacramental because they are signs for the community of our identification with Christ in the offering of ourselves to God.” Sedgwick, p. 60.

**Dwelling on the Word:** (10 mins) *Matthew 9:35 - 38. Use the same procedure as in previous sessions.*

**Review reading** – *The Examination in Ordination: Priest, BCP p. 531 and Sedgwick Ch. 3. Questions for consideration (40 mins):*

- *Allow Aspirant to share their reflections on Matthew 9:35 - 38 if they have not already done so.*
- *Why does Dr. Sedgwick say that a “sense of calling too easily becomes confused with individual piety”? (p. 49)*
- *In the light of Sedgwick’s article, how would you write a job description for a priest?*
- *What kind of leadership style will the Aspirant bring to this ministry?*
- *What experiences does the Aspirant bring to this priestly ministry?*
- *Have the Aspirant tell an account of when they have been able to relate the Gospel story and connect it to another’s life experience?*

**Any Concerns?**

**Closing Prayer**

O God:

Enlarge our hearts that they may be big enough to receive the greatness of your love.

Stretch our hearts that they may take into it all those who with us around the world believe in Jesus Christ.

Stretch our hearts that they may take into it all those who do not know him, but who are my responsibility because I know him.

And stretch them that it may take in all those who are not lovely in my eyes, and whose hands I do not want to touch;  
through Jesus Christ, my savior. Amen.

Prayer of an African Christian in Janet Morley, ed, *Bread for Tomorrow*, Orbis, New York, 1992 p. 24

**Homework** – *Read Luke 11:1 – 13 Aspirants should write an account of their own journey in prayer—what has been their experience and what practices have been most helpful.*

## **Session 11. Embodying Servanthood in a Rule of Life**

**Welcome and check in.** (5 min) Invite people to share anything on their minds that may be distracting, so they can let go of any concerns they may have and be fully present. Assure people of prayer when appropriate.

**Opening Prayer** (5 – 10 mins) – leader invites the community into a period of silence, concluding by offering a prayer for Quiet Confidence, BCP. p. 832

**Thoughts for reflection:**

- *Jacob said, "I will not let you go, unless you bless me." Genesis 32:26b.*
- *The Lord was my support. He brought me out into a broad place; he delivered me, because he delighted in me. Psalm 18: 18b – 19.*
- *When he came to Nazareth, where he had been brought up, he went to the synagogue on the sabbath day, as was his custom. Luke 4:16*
- *The practice of prayer is central, because this is where we offer ourselves to be shaped by the gospel we long to share. Janet Morley, Bread for Tomorrow, p. 1.*

**Dwelling on the Word:** (10 mins) Luke 11:1 - 13. Use the same procedure as in previous sessions.

**Review reading – Questions for consideration (40 mins):**

- *Allow Aspirant to share their reflections on Luke 11:1 - 13 if they have not already done so.*
- *Have the Aspirant share their own experiences of prayer and how this has opened up for them a desire to be ordained into the ministry to which they believe God is calling them.*

**Any Concerns?**

**Closing Prayer** Say together the prayer for Guidance, BCP. p. 832

**Announce time and place for the final session and Eucharist with the Bishop's representative for the discernment process, inviting the Rector or Priest-in-Charge to be present.**

## **Appendix D Writing Spiritual Autobiographies**

A spiritual autobiography is the story of the significant events, people, and places that have influenced your relationship with God. It tells the story of how you have come to be the person you are, how you come to hold your own beliefs.

By sharing autobiographies, we build trust and understanding within the group. It makes it possible to discover the connections and themes of our stories. Hearing other life stories lets us know that we are not alone in God's world. By sharing appropriate stories of our lives, with a group of people whom we can trust, we form learning communities that support and challenge us.

Here are some suggestions for how you might record your spiritual autobiography:

- 1.) An outline may help because without one, the experiences, thoughts and themes of your life become difficult to identify and relate.
- 2.) Frame your life into segments or blocks of time (say 15 years). The first segment would begin at your birth and end when you were 15. The remainder of the segments would continue in like fashion.
- 3.) Consider the situation of each framed period of time: The significant people, material surroundings, economic circumstances, the religious atmosphere, and the themes or motifs of the period.
- 4.) Certain persons--parents, teachers, siblings, church leaders, characters in books, etc.-- have shaped your life. Consider the people who contributed to your understanding of yourself and God during each of these periods of time.
- 5.) Material surroundings involve the obvious things such as houses, neighborhoods and valuable possessions
- 6.) How the state of the economy is affecting you.
- 7.) How you have fun is an important part of your story. Each of us finds pleasure in remarkably different activities. Think about each of the segments and what was fun for you, what kind of entertainment you sought out and enjoyed. What changes occurred over the course of your life.
- 8.) In considering the 'religious atmosphere', it is helpful to think beyond your formal religious experience. The religious atmosphere of your life necessarily is affected by your cultural and family context. Was religion a one day a week event, a non-event or did you live in an atmosphere that permeated every aspect of your life? Did you attend a church affiliated school? Were your friends from families with like-minded religious attitudes?
- 9.) When considering your life story, are there themes, underlying values or motifs that color the reality of your life during certain times?

A spiritual autobiography is **your** life story- the telling of **your** journey, told with the purpose of discerning and proclaiming how your experience has shaped your relationship with God. A spiritual autobiography may contain religious material and significant people or times within the religious community as well as everyday



material, people and times in your life that have influenced who you are now and how you understand God's presence or absence in your life.

The initial work you do on your spiritual autobiography might take a "stream of consciousness" style of note-taking and is **private, "for your eyes only"**. This allows you to be free, without concern about how others will interpret either context or expression.

Once you prepare your spiritual autobiography, **you** decide what & how much you want to share with the group. Martin Buber, a twentieth century philosopher and Jewish theologian, is reputed to have said that he could never hold a meaningful conversation with another person until he had heard the other's life story. Most of all, have fun! !

At some point you will write the spiritual autobiography you wish to share with the local discernment team and then, after further editing with the Bishop and the Commission on Ministry, this will become a part of your personal file in the Bishop's office and members of the Commission on Ministry and Standing Committee will have access to this document as they decided on whether a person should be approved to continue the process toward ordination. Any person who has requested to read your spiritual autobiography is expected to treat it with the utmost professionalism and confidentiality.

Excerpted and adapted from *Education for Ministry Common Lessons and Supporting Materials* by Dave Galleher, member of the Committee on the Laity, Commission on Ministry, Diocese of Rochester.

***Postulancy Information Form***

**(Please attach a photograph)**

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

**Name (Last, First, Middle/Maiden)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Baptism Date** \_\_\_\_\_ **Place of Baptism** \_\_\_\_\_

**Confirmation date** \_\_\_\_\_ **Place of Confirmation** \_\_\_\_\_

\_\_\_\_\_ **Confirming Bishop** \_\_\_\_\_

**Present Parish/Congregation** \_\_\_\_\_

**How long have you been a communicant in good standing in the parish?**

\_\_\_\_\_

**(Please indicate date of membership \_\_\_\_\_)**

**Former Parish/Congregation      Name/Location      Dates**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long have you been a resident in the Diocese of Rochester?**

\_\_\_\_\_

**Have you previously applied for Postulancy in this or any other diocese?**

\_\_\_\_\_

**If yes, please give date** \_\_\_\_\_ **And Diocese** \_\_\_\_\_

**If Postulancy was denied, please explain reasons given:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marital Status: Married** \_\_\_\_\_ **Date** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

**Single** \_\_\_\_\_

**Widowed** \_\_\_\_\_ **How long were your married?** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Divorced** \_\_\_\_\_ **Date of Marriage** \_\_\_\_\_

**Date of Divorce** \_\_\_\_\_

**Children: Names/Birthdates** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How many children do you currently support?** \_\_\_\_\_

**Educational background:**

**School and Location**

**Major**

**Graduation Date**

**High School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**College**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Graduate School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Theological School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Additional Special Training**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Background:**

**Please indicate places (firm or company), location, job title, dates of employment for the past ten years of employment history:**

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**References (Please supply three)**

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**In addition, please submit a complete spiritual autobiography – see pp. 89- 90.**

**Financial Information Form**

**Diocese of Rochester**

**A. Background Information**

**1. Personal:**

Name \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Clergy in Charge \_\_\_\_\_

**Current Employment:**

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Annual Salary \_\_\_\_\_

Were you claimed last year as a dependent of parents for Federal  
Tax Exemption? \_\_\_\_\_

Are you a veteran? \_\_\_\_ If yes, do you qualify for VA benefits? \_\_\_\_

**Name and ages of children living with you:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Name and ages of dependent children not living with you:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**2. Indebtedness:**

**Consumer Indebtedness (credit cards):**

Total Indebtedness \_\_\_\_\_ monthly payments \_\_\_\_\_

Mortgage: Total Indebtedness \_\_\_\_\_ monthly payments \_\_\_\_\_

Auto Loans: Total Indebtedness \_\_\_\_\_ monthly payments \_\_\_\_\_

Education Loans: Total Indebtedness \_\_\_\_\_ monthly payments \_\_\_\_\_

Total of all other indebtedness \_\_\_\_\_ monthly payments \_\_\_\_\_

**3. Asset Information (include spouse)**

**a. Liquid:**

Average monthly checking account(s) balance \_\_\_\_\_

Average monthly savings account(s) balance \_\_\_\_\_

Market value of any securities/mutual funds \_\_\_\_\_

**b. Fixed:**

Real estate equity (market value less indebtedness) \_\_\_\_\_

IRA's and/or retirement fund \_\_\_\_\_

Cash value of insurance policies \_\_\_\_\_

**B. Estimated Resources (annual)**

1. From liquid assets \_\_\_\_\_

2. Student income (any income you expect while in school)

\_\_\_\_\_

3. Net earnings of spouse \_\_\_\_\_

4. Diocesan or parish grants \_\_\_\_\_

5. Gifts from parents/etc. \_\_\_\_\_

6. Other income (total) \_\_\_\_\_

TOTAL ANNUAL INCOME \_\_\_\_\_

Have your financial resources changed significantly in the past year?

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Estimated expenses (annual)**

1. Housing, including utilities \_\_\_\_\_

2. Food/clothing, etc. \_\_\_\_\_

3. Auto/travel \_\_\_\_\_

4. Insurance premiums \_\_\_\_\_

5. Child care \_\_\_\_\_

6. Child support/alimony \_\_\_\_\_  
7. Stewardship/Pledge \_\_\_\_\_  
8. Total indebtedness payments \_\_\_\_\_  
9. School, County, Town Property Taxes \_\_\_\_\_  
10. Tuition and fees \_\_\_\_\_  
11. Books \_\_\_\_\_  
12. Federal and State Income Taxes \_\_\_\_\_  
13. Other (please list on back) \_\_\_\_\_  
  
TOTAL ANNUAL EXPENSES \_\_\_\_\_

---

Signature

Date



## **REQUIRED MEDICAL EXAMINATION**

This report should be mailed by the examiner directly to the Bishop, and the information should be treated as strictly confidential. By submitting to this examination, the candidate consents to the use of the information herein in connection with his/her candidacy.



**MEDICAL EXAMINATION**

Name		Date of Birth
Your Home Address		Phone Number/Fax Number
Marital Status		Children and Ages
Notify in Case of Illness		Phone Number/Fax Number
Personal Physician	Physician's Address	Phone Number/Fax Number

Please answer all questions below "Yes" or "No;" provide full details in space at bottom for any questions answered "Yes."

Have You	Yes	No
1. Ever been rejected or paid extra money for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever received Workmen's Compensation or other disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been rejected for employment on account of any physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever received prescription drugs for mental illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever been a patient in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had any accidents, injuries or operations or contemplated any operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Received disability benefits or medical leave for any medical/psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever left school or any position because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>
10. Lost time from work or school in the past three years for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

--

## Vocational Handbook 2013 – Appendix G: Medical Examination Form

<b>Outline for Physical Examination</b>			
1.	(a) How long have you known applicant	(b) in what relationship?	
2.	(a) height without shoes:	Ft      Ins	(b) weight:      lbs
<b>Vital Signs</b>			
Temperature	Pulse	Respiration	Blood Pressure (arm, R <input type="checkbox"/> or L <input type="checkbox"/> position)

**Physical Examination:** Check for within normal limits. Note positive findings in the space below.

Head			Lymph Nodes		
Eyes	Vision	<input type="checkbox"/>		Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands	<input type="checkbox"/>
	Conjunctivae and sclerae	<input type="checkbox"/>			
	Pupils size	<input type="checkbox"/>			
	Reaction	<input type="checkbox"/>			
	Equality	<input type="checkbox"/>			
	Appearance	<input type="checkbox"/>			
Ears	Hearing	<input type="checkbox"/>			
	Air and bone conduction	<input type="checkbox"/>	Chest		
	Appearance of tympanic membranes	<input type="checkbox"/>		Appearance and function of chest wall	<input type="checkbox"/>
Nose	Obstruction to breathing	<input type="checkbox"/>	Breasts	Appearance, asymmetry, tenderness, masses, nipple discharge	<input type="checkbox"/>
	Septal deviation and/or perforation	<input type="checkbox"/>	Lungs	Type of respiration, character of breath sounds; presence of rales, rhonchi, wheezes or rubs	
	Discharge	<input type="checkbox"/>	Heart		
Mouth	Sores	<input type="checkbox"/>		Apex location, precordial movements or thrills	<input type="checkbox"/>
	Dental status	<input type="checkbox"/>	Auscultation		
	Appearance and palpation of mucosa tongue, gums floor of mouth	<input type="checkbox"/>		Heart sounds: S1, S2, S3, S4	<input type="checkbox"/>
	Appearance of tonsils, pharynx	<input type="checkbox"/>		Presence of murmurs, clicks, rub, split sounds	<input type="checkbox"/>
	Appearance & movement of uvula, palate gag reflex	<input type="checkbox"/>		Radiation of murmurs	<input type="checkbox"/>
Neck			Pulses		
	Palpable masses	<input type="checkbox"/>		Carotids	<input type="checkbox"/>
	Thyroid	<input type="checkbox"/>		Brachials	<input type="checkbox"/>
	Location of trachea	<input type="checkbox"/>		Radials	<input type="checkbox"/>
	Venous engorgement	<input type="checkbox"/>		Femorals	<input type="checkbox"/>
	Bruits	<input type="checkbox"/>		Dorsalis pedis	<input type="checkbox"/>
	Flexibility	<input type="checkbox"/>		Posterior Tibials	<input type="checkbox"/>

**Summary of positive findings:**

# Vocational Handbook 2013 – Appendix G: Medical Examination Form

## Outline for Physical Examination

(continued from previous page)

<b>Spine</b>			<b>Neurological</b>	
	Mobility	<input type="checkbox"/>		Mental status
	Tenderness	<input type="checkbox"/>		Cranial nerves
	Curvature	<input type="checkbox"/>		Cerebellar function
<b>Abdomen</b>				Muscle strength
	Appearance (distended, flat, scaphoid)	<input type="checkbox"/>		Reflexes
	Abnormal movements	<input type="checkbox"/>		Gait and station
	Dilated veins	<input type="checkbox"/>		Rapid sensory exam including vibratory
	Striae	<input type="checkbox"/>		
<i>Auscultation</i>	Bowel sounds	<input type="checkbox"/>	<b>Extremities</b>	
	Bruits	<input type="checkbox"/>		Skin color
	Rubs	<input type="checkbox"/>		Temperature
<i>Percussion</i>	Distention	<input type="checkbox"/>		Texture
	Organ size	<input type="checkbox"/>		Varicosities
<i>Palpation</i>	Resistance	<input type="checkbox"/>		Clubbing
	Tenderness	<input type="checkbox"/>		Edema
	Rebound	<input type="checkbox"/>		Joint motions
	Organs (liver, spleen, bladder)	<input type="checkbox"/>		Muscular abnormalities
	Masses	<input type="checkbox"/>		Circumference
	Epigastric or incisional hernia	<input type="checkbox"/>		

<b>Genital, Prostate or Pelvic Examination</b>	<b>Rectal Exam and Stool Sample</b>
List any abnormal findings:	List positive findings:

<b>LABORATORY</b>	
CBC	
Fast Chem profile	
U/A	
EKG (if indicated)	
PPD	

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

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\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Address

/

\_\_\_\_\_  
Phone Number/Fax Number

M.D.

# Vocational Handbook 2013 – Appendix G: Medical Examination Form

Check the appropriate box for the disorders you have or have had in the past.

<b>Infectious Diseases</b>	<b>Yes</b>	<b>No</b>	<b>Respiratory System</b>	<b>Yes</b>	<b>No</b>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Infection	<input type="checkbox"/>	<input type="checkbox"/>
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery (Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Infantile Paralysis (Polio)	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Skin diseases or eczema	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Fevers	<input type="checkbox"/>	<input type="checkbox"/>	Chronic hoarseness	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Chills	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
Lymph node enlargement	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heart and Blood Vessels</b>	<b>Yes</b>	<b>No</b>	<b>Nervous System</b>	<b>Yes</b>	<b>No</b>
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epileptic or other fits	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pain in chest	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (family)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (self)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Visual problems	<input type="checkbox"/>	<input type="checkbox"/>
Swollen ankles	<input type="checkbox"/>	<input type="checkbox"/>	Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or blood disease	<input type="checkbox"/>	<input type="checkbox"/>	Ringing ears, hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorder	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Elevated cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Weakness of limbs	<input type="checkbox"/>	<input type="checkbox"/>
			Numbness	<input type="checkbox"/>	<input type="checkbox"/>
<b>Digestive System</b>	<b>Yes</b>	<b>No</b>	<b>Miscellaneous</b>	<b>Yes</b>	<b>No</b>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or Other Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (family)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (self)	<input type="checkbox"/>	<input type="checkbox"/>
Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Marked over or underweight	<input type="checkbox"/>	<input type="checkbox"/>	Foot problems	<input type="checkbox"/>	<input type="checkbox"/>
Recent weight loss	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>
Gall bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	Joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to any food, medicine or injection	<input type="checkbox"/>	<input type="checkbox"/>
			Blood transfusions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Genitourinary System</b>	<b>Yes</b>	<b>No</b>			
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	Daily use of nicotine (past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Prostate disease	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any illnesses (mental or physical) or accidents other than those mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>			
Pain in passing urine	<input type="checkbox"/>	<input type="checkbox"/>			
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby declare that my answers to the above questions are full and true.

\_\_\_\_\_  
(Full signature of applicant)  
Signed at \_\_\_\_\_ in my presence, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_  
(Physician)



## LIFE HISTORY QUESTIONNAIRE\*

Applicants for Holy Orders receive this questionnaire for self-examination and preparation for the mental health evaluation required by the Canons of the Episcopal Church. This completed, confidential document is conveyed by the applicant directly to the mental health professional(s) conducting the clinical examination in whose custody it exclusively remains.

The examiner's conclusions following clinical examination are based upon a wide variety of test and interview responses. No individual question in this document determines the outcome of the clinical interview. Rather, the LHQ serves as a comprehensive foundation for the structured clinical interview. The examiner's final impressions, based in part upon this document and the clinical interview, form the basis of the Required Mental Health Evaluation Report Summary.

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\* Like other parts of the discernment process, this evaluation addresses the impact of previous and current life issues upon one's readiness for ordained ministry. This document, combined with the clinical interview, provides the applicant with an opportunity to discuss personal life and vocational goals in context with one's life history. This document, once completed, remains a part of the clinician's file and is not delivered to the diocese.

**DIRECTIONS:** This questionnaire contains a series of items regarding your background, experiences, and beliefs. Please read each question carefully. For each question, type a response. For some items, you will be asked to type your answer in the space following each question. Other confidential questions will require you to check a response option for your answer.

**DO NOT skip items.** If a question does not apply to you, type "*Does Not Apply*" or "*N/A.*"

If you opt to handwrite this questionnaire, please use an **INK PEN.**

**If you need additional space for an answer, please use the blank pages at the end of this questionnaire.**

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### IDENTIFYING INFORMATION

Name (Last, First, MI):

Today's Date:

Current Address:

Birthdate:

City, State, Zip:

Age:

Telephone Number(s):

SSN:

Sponsoring Diocese:



7. Are you currently under the care of a physician for any medical condition(s)? ☐ Yes ☐ No  
If "YES," please describe the condition(s) briefly

8. Generally speaking, how is your mental health **RIGHT NOW**? Mark your response using the list below:

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Failing       | <input type="checkbox"/> Average       | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Very Poor     | <input type="checkbox"/> Above Average |                                    |
| <input type="checkbox"/> Poor          | <input type="checkbox"/> Good          |                                    |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> Very good     |                                    |

9. Describe any present day life circumstances causing you distress including stressful life events and/or stressful roles.

10. Are you currently under the care of a mental health provider for any reason? ☐ Yes ☐ No  
If "YES," please describe briefly:

11. Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.

Past	Present		Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Shyness	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness
<input type="checkbox"/>	<input type="checkbox"/>	Finances	<input type="checkbox"/>	<input type="checkbox"/>	Separation
<input type="checkbox"/>	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use
<input type="checkbox"/>	<input type="checkbox"/>	Friends	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use
<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Unhappiness	<input type="checkbox"/>	<input type="checkbox"/>	Making Decisions
<input type="checkbox"/>	<input type="checkbox"/>	Self-control	<input type="checkbox"/>	<input type="checkbox"/>	Inhibited Sexual Desires
<input type="checkbox"/>	<input type="checkbox"/>	Ambition	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Inferiority Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Concentration
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Stress
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Temper
<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	Career Choices
<input type="checkbox"/>	<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	Relaxation
<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Health Problems
<input type="checkbox"/>	<input type="checkbox"/>	Contraception	<input type="checkbox"/>	<input type="checkbox"/>	Marriage
<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	School
<input type="checkbox"/>	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble
<input type="checkbox"/>	<input type="checkbox"/>	Children	<input type="checkbox"/>	<input type="checkbox"/>	Sadness
<input type="checkbox"/>	<input type="checkbox"/>	Work	<input type="checkbox"/>	<input type="checkbox"/>	Legal Matters
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	My Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Guilt Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Energy (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	<input type="checkbox"/>	Appetite (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Crying Episodes	<input type="checkbox"/>	<input type="checkbox"/>	Intrusive or Unwanted Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Impotence	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches	<input type="checkbox"/>	<input type="checkbox"/>	Decreased/Increased Sexual Interest
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other

Add comments regarding any problems you may have marked above:



12.	What is your personal annual income from all sources? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Under \$15,000  <input type="checkbox"/> \$15,000 -- \$24,999  <input type="checkbox"/> \$25,000 -- \$39,999  <input type="checkbox"/> \$40,000 -- \$49,999  <input type="checkbox"/> \$50,000 -- \$59,999                 </div> <div style="width: 45%;"> <input type="checkbox"/> \$60,000 -- \$74,999  <input type="checkbox"/> \$75,000 -- \$99,999  <input type="checkbox"/> \$100,000 -- \$150,000  <input type="checkbox"/> Over \$150,000 per year                 </div> </div>
13.	What is your current occupational status? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Employed Full-time                 <input type="checkbox"/> Employed Part-time                 <input type="checkbox"/> Unemployed             </div> <p style="margin-top: 10px;">If "Employed," please complete the following:</p> <p>Current Employer: _____</p> <p>Position Title: _____</p> <p>Date Hired: _____</p>
14.	To whom are you responsible in your current position:  Supervisor's Name: _____ Title: _____
15.	Have you encountered any problems in this or prior professional relationships? If Yes <input type="checkbox"/> No <input type="checkbox"/> "YES," please describe: _____
16.	How have you asked for help within your present job?
17.	What kinds of people give you the most difficulty in your current position?
18.	Describe the type of work you enjoy the most.
19.	Describe the type of work you enjoy the least.

**Family/Social/Developmental History****Father:**

20. Father's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (If deceased, complete Item 21, otherwise go to Item 22.)  
 Ethnic Background: \_\_\_\_\_  
 Nature of Employment/Profession: \_\_\_\_\_
21. If your father is not alive, please answer the following questions:
- a. Year of his death: \_\_\_\_\_ c. Your age at his death: \_\_\_\_\_
- b. His age at death: \_\_\_\_\_ d. Cause of death: \_\_\_\_\_

22. I consider the following to have been true of my father while I was a child. (Mark all that apply.)
- |  |  |
|--|--|
| <input type="checkbox"/> Home very little, absent              | <input type="checkbox"/> Home almost always, present           |
| <input type="checkbox"/> Powerless, victim, target, helpless   | <input type="checkbox"/> Powerful, capable, independent        |
| <input type="checkbox"/> Sad, blue, pessimistic                | <input type="checkbox"/> Optimistic, cheerful, hopeful         |
| <input type="checkbox"/> Poorly read, uninformed               | <input type="checkbox"/> Well-read, informed                   |
| <input type="checkbox"/> Uneducated                            | <input type="checkbox"/> Well-educated                         |
| <input type="checkbox"/> Thoughtless, shallow, superficial     | <input type="checkbox"/> Thorough, substantial, thoughtful     |
| <input type="checkbox"/> Inconsistent, easily upset, unstable  | <input type="checkbox"/> Stable, calm, consistent              |
| <input type="checkbox"/> Chaotic, unstable, unreliable         | <input type="checkbox"/> Reliable, stable, orderly             |
| <input type="checkbox"/> Closed, controlling                   | <input type="checkbox"/> Trusting, open                        |
| <input type="checkbox"/> Overly critical                       | <input type="checkbox"/> Esteem building or enhancing          |
| <input type="checkbox"/> Rigid rules, restrictive              | <input type="checkbox"/> Permissive, flexible rules            |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped  | <input type="checkbox"/> Rarely disciplined physically         |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally        |
| <input type="checkbox"/> Cold, distant, unavailable            | <input type="checkbox"/> Available, warm, close                |
| <input type="checkbox"/> Intrusive, disrespectful              | <input type="checkbox"/> Respectful, considerate               |
| <input type="checkbox"/> Critical, conditional                 | <input type="checkbox"/> Supportive, accepting                 |
| <input type="checkbox"/> Dishonest                             | <input type="checkbox"/> Especially honest                     |
| <input type="checkbox"/> Difficult for me to confide in        | <input type="checkbox"/> Easy for me to confide in             |
| <input type="checkbox"/> Difficult for me to respect           | <input type="checkbox"/> Easy for me to respect                |
| <input type="checkbox"/> Tense, worried, unsure                | <input type="checkbox"/> Sure, secure, confident               |
| <input type="checkbox"/> Passive, meek, timid                  | <input type="checkbox"/> Assertive, bold                       |
| <input type="checkbox"/> Self-centered, self-indulgent         | <input type="checkbox"/> Generous, empathic                    |
| <input type="checkbox"/> In ill health or injured              | <input type="checkbox"/> Always in good health                 |
| <input type="checkbox"/> Mis-used alcohol                      | <input type="checkbox"/> Drank none or very little             |
| <input type="checkbox"/> Mis-used street drugs                 | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications                  | <input type="checkbox"/> Used medications only as prescribed   |
| <input type="checkbox"/> Legal problems: _____                 |  |
| <input type="checkbox"/> Employment problems: _____            |  |
| <input type="checkbox"/> Financial problems: _____             |  |
| <input type="checkbox"/> Fidelity problems: _____              |  |
| <input type="checkbox"/> Sexual problems: _____                |  |
| <input type="checkbox"/> Marital problems: _____               |  |
| <input type="checkbox"/> Other problems: _____                 |  |

23. What kind of person was your father?

24. Describe your relationship with your father:

25. Describe your earliest memory of your father:

26. Please describe any substitute paternal influences throughout childhood/adolescence (e.g., stepfather, adopted father, "surrogate" father).

**Mother:**

27. Mother's Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

(If deceased, complete Item 28, otherwise go to Item 29.)

Ethnic Background: \_\_\_\_\_

Nature of Employment/Profession: \_\_\_\_\_

28. If your mother is not alive, please answer the following questions:

a. Year of her death: \_\_\_\_\_ c. Your age at her death: \_\_\_\_\_

b. Her age at death: \_\_\_\_\_ d. Cause of death: \_\_\_\_\_

29. I consider the following to have been true of my mother while I was a child. (Mark all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Home very little, absent              | <input type="checkbox"/> Home almost always, present           |
| <input type="checkbox"/> Powerless, victim, target, helpless   | <input type="checkbox"/> Powerful, capable, independent        |
| <input type="checkbox"/> Sad, blue, pessimistic                | <input type="checkbox"/> Optimistic, cheerful, hopeful         |
| <input type="checkbox"/> Poorly read, uninformed               | <input type="checkbox"/> Well-read, informed                   |
| <input type="checkbox"/> Uneducated                            | <input type="checkbox"/> Well-educated                         |
| <input type="checkbox"/> Thoughtless, shallow, superficial     | <input type="checkbox"/> Thorough, substantial, thoughtful     |
| <input type="checkbox"/> Inconsistent, easily upset, unstable  | <input type="checkbox"/> Stable, calm, consistent              |
| <input type="checkbox"/> Chaotic, unstable, unreliable         | <input type="checkbox"/> Reliable, stable, orderly             |
| <input type="checkbox"/> Closed, controlling                   | <input type="checkbox"/> Trusting, open                        |
| <input type="checkbox"/> Overly critical                       | <input type="checkbox"/> Esteem building or enhancing          |
| <input type="checkbox"/> Rigid rules, restrictive              | <input type="checkbox"/> Permissive, flexible rules            |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped  | <input type="checkbox"/> Rarely disciplined physically         |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally        |
| <input type="checkbox"/> Cold, distant, unavailable            | <input type="checkbox"/> Available, warm, close                |
| <input type="checkbox"/> Intrusive, disrespectful              | <input type="checkbox"/> Respectful, considerate               |
| <input type="checkbox"/> Critical, conditional                 | <input type="checkbox"/> Supportive, accepting                 |
| <input type="checkbox"/> Dishonest                             | <input type="checkbox"/> Especially honest                     |
| <input type="checkbox"/> Difficult for me to confide in        | <input type="checkbox"/> Easy for me to confide in             |
| <input type="checkbox"/> Difficult for me to respect           | <input type="checkbox"/> Easy for me to respect                |
| <input type="checkbox"/> Tense, worried, unsure                | <input type="checkbox"/> Sure, secure, confident               |
| <input type="checkbox"/> Passive, meek, timid                  | <input type="checkbox"/> Assertive, bold                       |
| <input type="checkbox"/> Self-centered, self-indulgent         | <input type="checkbox"/> Generous, empathic                    |
| <input type="checkbox"/> In ill health or injured              | <input type="checkbox"/> Always in good health                 |
| <input type="checkbox"/> Mis-used alcohol                      | <input type="checkbox"/> Drank none or very little             |
| <input type="checkbox"/> Mis-used street drugs                 | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications                  | <input type="checkbox"/> Used medications only as prescribed   |
| <input type="checkbox"/> Legal problems: _____                 |  |
| <input type="checkbox"/> Employment problems: _____            |  |
| <input type="checkbox"/> Financial problems: _____             |  |
| <input type="checkbox"/> Fidelity problems: _____              |  |
| <input type="checkbox"/> Sexual problems: _____                |  |
| <input type="checkbox"/> Marital problems: _____               |  |
| <input type="checkbox"/> Other problems: _____                 |  |

30. What kind of person was your mother?

31. Describe your relationship with your mother:

32.	Describe your earliest memory of your mother:
33.	Please describe any substitute maternal influences throughout childhood/adolescence (e.g., stepmother, adopted mother, "surrogate" mother).
<b>Marital Status of your Parents:</b>	
34.	Are your parents married, separated, divorced, or widowed? If they are separated or divorced, please describe the circumstances, including when they were divorced or how long any separation(s) have been.
35.	Describe the <i>current</i> nature of your parents' relationship to each other.
36.	Describe your parents' relationship to each other <i>while you were growing up</i> .
37.	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <p>Were you raised by your parents?</p> <p>If not, by whom were you raised?</p> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                 </div> </div>

Siblings				
38. List all siblings from eldest to youngest (including any who may have died).				
Sibling Name	Age/ Deceased	Current Location of Residence	Marital Status	Employment Status
a.				
b.				
c.				
d.				
e.				
f.				
g.				
39. Briefly describe each sibling and your relationship with him/her:				
a.				
b.				
c.				
d.				
e.				
f.				
g.				

**Answer the following questions based on your knowledge of your childhood:**

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 40. | Was your mother's pregnancy and/or delivery of you difficult?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. | Did you have any unusual childhood illnesses?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42. | Were you ever hospitalized as a child?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. | Did you have any serious or recurrent accidents as a child?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. | Any history of childhood or adult seizure disorder?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. | Any delays in learning how to walk, talk, or be toilet trained?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. | Did you ever have problems with bedwetting?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47. | Any problems with your speech or language development? Stuttering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48. | Any serious difficulties with concentration or with sitting still? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49. | Were you involved in fighting as a child?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50. | Were you involved in truancy (skipping school)?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 51. | Did you experience the death of a sibling?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.**

52. Briefly describe your childhood, including what it was like growing up in your family, going to school, and other important events and activities.
53. What was the best part about your childhood?
54. What was the worst part about your childhood?
55. What ways were you disciplined by your **father** as a child? (Mark all that apply).
- ☐ Severe physical punishment, including beatings, hitting, etc.
  - ☐ Mild physical punishment, such as spanking.
  - ☐ Severe verbal punishment, such as yelling and screaming.
  - ☐ Mild verbal punishment.
  - ☐ Emotional withdrawal or isolation (for example, your father would emotionally withdraw from you, not talk to you, avoid you, etc.).
  - ☐ Public or private humiliation.
  - ☐ Gentle, but firm discipline (describe): \_\_\_\_\_
  - ☐ Little or no discipline was provided by my father.
  - ☐ Other (describe): \_\_\_\_\_

56.	<p>What ways were you disciplined by your <b>mother</b> as a child? (Mark all that apply.)</p> <p><input type="checkbox"/> Severe physical punishment, including beatings, hitting, etc.</p> <p><input type="checkbox"/> Mild physical punishment, such as spanking.</p> <p><input type="checkbox"/> Severe verbal punishment, such as yelling and screaming.</p> <p><input type="checkbox"/> Mild verbal punishment.</p> <p><input type="checkbox"/> Emotional withdrawal or isolation (for example, your mother would emotionally withdraw from you, not talk to you, avoid you, etc.).</p> <p><input type="checkbox"/> Public or private humiliation.</p> <p><input type="checkbox"/> Gentle, but firm discipline (describe): _____</p> <p><input type="checkbox"/> Little or no discipline was provided by my mother.</p> <p><input type="checkbox"/> Other (describe): _____</p>
57.	<p>How did you feel about the discipline you received?</p>
58.	<p>Was there any physical, sexual, or emotional abuse in your family? Any parental neglect? If yes, was it of mild, moderate, or severe intensity? Who was or may have been involved? Please describe separately:</p> <p><input type="checkbox"/> Physical abuse:</p> <p><input type="checkbox"/> Sexual abuse:</p> <p><input type="checkbox"/> Emotional abuse:</p> <p><input type="checkbox"/> Parental neglect:</p>
59.	<p>To what extent do you have any significant gaps in your memories of childhood and adolescence?</p>
60.	<p>To what extent have childhood fears or phobias caused you serious distress or interfered with your family life or school performance? Use the list that follows as a guide. Indicate one or more categories that may have applied to you.</p> <p><input type="checkbox"/> Fear of the dark</p> <p><input type="checkbox"/> Fear of bugs, spiders, snakes</p> <p><input type="checkbox"/> Fear of being left alone</p> <p><input type="checkbox"/> Fear of going to school</p> <p><input type="checkbox"/> Fear of other animals</p> <p><input type="checkbox"/> Other fears (please specify):</p> <p>Description of fear(s) or phobia(s) and the effect on you:</p>
61.	<p>How often did you lie to your teachers or parents? (Select category.)</p> <p><input type="checkbox"/> Rarely, if ever</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Regularly</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Almost every day</p>



62.	How often did you steal or shoplift things as a child or adolescent? (Select category.) <input type="checkbox"/> Rarely, if ever <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/> Often <input type="checkbox"/> Almost every day
63.	As a child or adolescent, did you have a best friend? Please describe:
64.	Describe your peer group as a pre-adolescent. Mark all categories that apply. <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls
65.	Describe your peer group as an adolescent. Mark all categories that apply. <input type="checkbox"/> Large <input type="checkbox"/> Small Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls <input type="checkbox"/>
66.	How old were you when you first reached puberty?
67.	How old were you when you had your first romantic relationship?
68.	To what extent is your present sexual life satisfactory to you? If it is not, please describe:
69.	To what extent did you discuss sexual topics with your parents? Please describe:

70.	<p>As a child or teenager, were you ever raped, molested, or subjected to what you or others considered inappropriate sexual behavior by someone? If "YES", please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
71.	<p>As a child or teenager, were you ever involved, sexually or romantically, with someone more than four years older than yourself? If "YES", please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
72.	<p>Has your sexual behavior ever caused you or anyone else any problems? If "YES", please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
73.	<p>I consider the following to have been true of me while I was a child. (Mark all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Parent at home very little, absent  <input type="checkbox"/> Adult-like, overly serious  <input type="checkbox"/> Powerless, victim, target, helpless  <input type="checkbox"/> Vain, arrogant, pretentious  <input type="checkbox"/> Sad, blue, pessimistic  <input type="checkbox"/> Poorly read, uninformed  <input type="checkbox"/> undereducated  <input type="checkbox"/> Thoughtless, shallow, superficial  <input type="checkbox"/> Impulsive, inconsistent, distractible  <input type="checkbox"/> Chaotic, unstable, unreliable  <input type="checkbox"/> Closed, controlling  <input type="checkbox"/> Cold, distant, unavailable  <input type="checkbox"/> Intrusive, disrespectful  <input type="checkbox"/> Critical, conditional  <input type="checkbox"/> Dishonest  <input type="checkbox"/> Bully, angry, violent  <input type="checkbox"/> Tense, worried, unsure  <input type="checkbox"/> Passive, meek, timid, frightened  <input type="checkbox"/> Self-centered, self-indulgent  <input type="checkbox"/> In ill health or injured  <input type="checkbox"/> Mis-used alcohol  <input type="checkbox"/> Mis-used street drugs  <input type="checkbox"/> Mis-used medications  <input type="checkbox"/> Legal problems: _____  <input type="checkbox"/> Employment problems: _____  <input type="checkbox"/> Financial problems: _____  <input type="checkbox"/> Sexual problems: _____  <input type="checkbox"/> Other problems: _____             </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Parents at home almost always, present  <input type="checkbox"/> Playful, child-like, immature  <input type="checkbox"/> Powerful, capable, independent  <input type="checkbox"/> Humble, polite, simple  <input type="checkbox"/> Optimistic, cheerful, hopeful  <input type="checkbox"/> Well-read, informed  <input type="checkbox"/> Uneducated,  <input type="checkbox"/> Well educated, overeducated  <input type="checkbox"/> Thorough, substantial, thoughtful  <input type="checkbox"/> Ordered, consistent, planned  <input type="checkbox"/> Reliable, stable, orderly  <input type="checkbox"/> Trusting, open  <input type="checkbox"/> Available, warm, close  <input type="checkbox"/> Respectful, considerate  <input type="checkbox"/> Supportive, accepting  <input type="checkbox"/> Especially honest  <input type="checkbox"/> Victim, scapegoat, target  <input type="checkbox"/> Sure, secure, stable, calm  <input type="checkbox"/> Confident, assertive, bold  <input type="checkbox"/> Generous, empathic  <input type="checkbox"/> Always in good health  <input type="checkbox"/> Drank none or very little  <input type="checkbox"/> Used none or very little  <input type="checkbox"/> Used medications only as prescribed             </td> </tr> </table>		<input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____	<input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Uneducated, <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed
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<b>Relationship/Marital History</b>				
74. List all marriages, cohabitations, divorces, and/or separations you have had. Include if you have been widowed. Note: In the table below, "Spouse / Partner Age," refers to age at the beginning of the relationship.				
Nature of Relationship	Date (From/To)	Reason for Separation/Divorce	Spouse/Partner Age	Spouse/Partner Occupation
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
75. Do you have any children? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "Yes," complete the following chart; if "No," skip to the next item.				
Child's Name	Relationship	Age	Residence	If not with you, indicate City and State of child's residence.
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
76. If you are presently involved with a spouse/partner, please describe two major problem areas you experience.				
77. Do you have any birth children that were given up for adoption? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 78. Have your parental rights ever been terminated or restricted? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 79. Has any child of yours ever been placed in foster care? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>If you checked "YES" to any of the previous 3 questions, please provide a description of the circumstances or a more detailed response.</b>				

<b>Educational History</b>				
80. Please list <b>all</b> of the schools you have attended:				
School Attended	Location	Dates of Attendance	Graduation Status	Degree(s) Received
81. Please describe your grades and academic performance in grade school, junior high, and high school. Grade School:  Junior High School:  High School:				
82. Did any of the following happen to you? Mark all that apply. If <b>"YES,"</b> please explain. <div style="margin-left: 20px;"> <input type="checkbox"/> Expelled from school  <input type="checkbox"/> Suspended from school  <input type="checkbox"/> Held back for a year in school  <input type="checkbox"/> Advanced a grade  <input type="checkbox"/> Placed in a special class           </div> Explanation of any of the above:				
83. Do you have any learning disabilities? If <b>"YES,"</b> please describe:				
84. Indicate with a checkmark any special academic interests: <div style="margin-left: 20px;"> <input type="checkbox"/> Math and science  <input type="checkbox"/> Fine arts  <input type="checkbox"/> History  <input type="checkbox"/> Literature  <input type="checkbox"/> Philosophy  <input type="checkbox"/> Other (please specify): _____           </div>				
85. Indicate the single academic area in which you are <i>most</i> competent. Make only <b>ONE</b> selection. <div style="margin-left: 20px;"> <input type="checkbox"/> Math and science  <input type="checkbox"/> Fine arts  <input type="checkbox"/> History  <input type="checkbox"/> Literature  <input type="checkbox"/> Philosophy  <input type="checkbox"/> Other (please specify): _____           </div>				

86. Indicate the single academic area in which you are *least* competent. Mark only one selection.

- ☐ Math and science  
☐ Fine arts  
☐ History  
☐ Literature  
☐ Philosophy  
☐ Other (please specify): \_\_\_\_\_

### Occupational History

87. List all jobs which you have held, both paid and unpaid/voluntary, since you were 18 years old. Begin with your most recent position.

Position Title or Nature of Work	Location	Dates (From/To)	Reason for Leaving	Supervisor's Name
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

88. Have you ever been fired from a position? ☐ Yes ☐ No

89. Have you ever prematurely/abruptly resigned from a position? ☐ Yes ☐ No

90. Have you ever been asked to resign from a position? ☐ Yes ☐ No

91. If you have ever supervised others as part of a position, have there been any difficulties? ☐ Yes ☐ No

92. Has tension or anger in a domestic relationship ever flowed into your workplace, affecting your relationships with supervisors or coworkers? ☐ Yes ☐ No

**If you checked "YES" to any of the previous 5 questions, please provide a description of the circumstances or a more detailed response.**

93.	Describe the worst problem you have experienced at a position and how you handled it.
94.	Describe, as specifically as possible, the characteristics of an ideal "supervisor" that would optimally motivate you?
95.	Describe at least two or three features of a satisfying ministry or work project you have concentrated on recently or in the past (e.g., working with others who are responsive to my ideas, seeing a particular project completed that I began).
96.	Describe the most important feature of a very satisfying work day for yourself.
97.	What personality traits or behaviors in others do you find difficult to accept or like?
98.	What personality traits in yourself do you think may sometimes be a problem for others?
99.	List the important ingredients of a successful career in the ministry.

### Medical History

- |      |   |                              |                             |
|------|---|------------------------------|-----------------------------|
| 100. | Have you ever had any major medical problems?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 101. | Have you ever been hospitalized for medical problems?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 102. | Have you ever had problems with your heart, lungs, liver, or kidneys?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 103. | Do you have any allergies to any medications?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 104. | Have you ever had any surgery?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 105. | Have you ever had a problem with your weight?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 106. | Have you ever had major concerns about your weight, body size or shape? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response. (If you need more space, please use the pages provided at the end of this questionnaire.)**

- |      |   |                              |                             |
|------|---|------------------------------|-----------------------------|
| 107. | Do you currently take prescription medication for any medical problems?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|      | If "YES," please list each medication, dose, duration of use, and reason for use. |                              |                             |

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

- |      |   |                              |                             |
|------|---|------------------------------|-----------------------------|
| 108. | Do you currently take any non-prescription medication of any kind?<br>(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|      | If "YES," please list each medication, duration of use, and reason for use.   |                              |                             |

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

109.	Have you ever received alternative medical care (e.g., homeopathy, faith healing, etc.)? If "YES," please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
110.	Have you ever used any prescription medications in the past for more than two weeks? If "YES," please list each medication, dose, duration of use, and reason for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication</th> <th style="width: 20%;">Dosage &amp; Route</th> <th style="width: 20%;">Medical Condition</th> <th style="width: 20%;">Date Started</th> <th style="width: 20%;">Date D/C</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C	a.					b.					c.					
Medication	Dosage & Route	Medical Condition	Date Started	Date D/C																		
a.																						
b.																						
c.																						
111.	Have you ever had a major head injury? If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
112.	When was the last time you saw a physician? _____ For what reason?																					
113.	How many times have you seen a physician in the last five years?  How many times have you seen a physician in the last year?																					
114.	Have you ever disregarded a physician's or other health provider's advice? If "YES," please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
115.	Do you smoke cigarettes or use other tobacco products? If "YES," <input type="checkbox"/> How much do you smoke/use daily? _____  <input type="checkbox"/> How long have you been smoking or using other tobacco products? _____  Describe any attempts to quit.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				



<b>Psychiatric History</b>				
116. Have you ever sought professional help or a self-help program for emotional problems? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "YES," complete the chart below.				
Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treatment (psychotherapy, medication)	Your Response to Treatment
Outpatient				
Partial/Day Hospital				
Inpatient/ Residential				
117. Have you ever been or are you currently treated with medication for an emotional problem? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "YES," complete the chart below.				
Medication	Dosage	Condition Being Treated	Date Started	Date Stopped
a.				
b.				
c.				
118. Have you ever seriously thought about taking your own life? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 119. Have you ever attempted to kill yourself? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 120. Have emotional problems ever significantly interfered with your work and/or academic performance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.</b>				

122. Have you ever engaged in, or been told that you have a diagnosis of any of the following?

☐ Yes ☐ No

No

If "YES," please mark that item and **describe** the circumstances.

- ☐ Exhibitionism (exposure of one's genitals to a stranger)
- ☐ Fetishism (use of non-living objects for sexual gratification)
- ☐ Frotteurism (rubbing a non-consenting person)
- ☐ Pedophilia (adult's sexual activity with a prepubescent child or adolescent)
- ☐ Sexual masochism (obtaining sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer)
- ☐ Sexual sadism (inflicting psychological or physical suffering on someone else to obtain sexual satisfaction)
- ☐ Voyeurism (observing unsuspecting people, usually strangers, who are naked, disrobing, or engaging in sexual activity)

Circumstances:

123. To your knowledge, has any blood relative (grandparents, parents, aunts, uncles, nephews, cousins, siblings, or children) ever:

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | received or sought out professional help for any emotional problem?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | been treated with medication for any emotional problem?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | received or sought out professional help for a drug or alcohol problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | had a history of untreated emotional and/or drug or alcohol problem?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.**