



THE EPISCOPAL CHURCH

The Church
Pension Fund

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician and to the diocese sponsoring the evaluation. This questionnaire remains in the clinician's custody and in the applicant's permanent diocesan file.

The examining clinician(s), diocese or any of its agents reserve the right to verify independently any information provided in this questionnaire.

All questions must be answered.

Diocese of Central Florida
1017 East Robinson Street
Orlando, Florida 32801

Completed BEHAVIOR SCREENING QUESTIONNAIRE should be returned to
Office of Dr. John Robertson or Office of Dr. Ana Gómez
with a copy to The Diocesan Office

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you? If yes, please explain in the space below.
5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)? If yes, please explain in the space below.
6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? If yes, please explain in the space below.

7. Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials? If yes, please explain in the space below.
8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended? If yes, please explain in the space below.
9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care? If yes, please explain below.
10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity? If yes, please explain below.

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for Postulancy or cause for dismissal from Postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please print)

Signature

Date

Witness (please print)

Witness Signature

Date