|  |  |
| --- | --- |
| Diocese of Central FloridaAPPLICATION FOR LICENSUREAS A PRIEST OR DEACON |  PLEASE PLACE PHOTO HERE  |

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply to be licensed in the Diocese of Central Florida.

I am a □ Priest □ Deacon in good standing in the Diocese of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and have attached to this Application a Letter of good standing from the bishop where I am canonically resident.

(Licenses are granted for one year, July 1st – June 30th Subsequent licenses are granted only after receipt of an Annual Report submitted to the Canon to the Ordinary on a form supplied by him.)

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST (NICK NAME)

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

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Permanent Home Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Ordination Dates: Deacon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This Application is endorsed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Diocese of Central Florida: Clergy/Rector/Vicar /Priest-in-Charge**FAMILY HISTORY**

Present marital status:  Single  Married  Divorced  Separated  Widowed

Number of marriages:  Never married  One  Two  Three

Spouse’s Name: *\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of present marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of that marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of that marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there additional marriages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please List Children** Date of Birth Sex Living with You Y/N

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

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

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

# MINISTRY HISTORY

Currently serving at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Full time  Part time  Not employed

Please list the churches or ministries you have served in your ordained ministry with starting and ending date

*Church/Ministry organization Starting Date Ending Date*

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

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

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

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

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

**Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?**

 **Yes**  **No**

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies?**

 **Yes**  **No**

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials?**

 **Yes**  **No**

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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?**

 **Yes**  **No**

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

All information submitted by me in this Application is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this form may be cause for denial of Licensure.

I understand and agree that I will notify the Bishop 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 clergy.

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

Name (please print)

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

Signature Date

**THEOLOGICAL REFLECTION QUESTIONS**

Prior to licensure in the Diocese of Central Florida we ask that you respond to the following 3 questions. We hope that you will consider this to be one way that we can get to know each other better through theological reflection. Please limit your response to all 3 questions to one page.

1. In your ordination as deacon and priest you promised: “I solemnly declare that I do believe the Holy Scriptures of the Old and New Testaments to be the Word of God, and to contain all things necessary to salvation.” **What does this promise mean to you and how does it inform your preaching and pastoral care?**
2. In your baptism you promised to “accept Jesus Christ as your savior”, to “trust in his grace and love” and to “follow and obey him as your Lord.” At your ordination you promised: “I do solemnly engage to conform to the doctrine, discipline, and worship of the Episcopal Church.” **How do you understand these two promises in relationship to one another?**
3. In your ordination as deacon and priest you committed yourself to “proclaim by word and deed the Gospel of Jesus Christ and to fashion your life in accordance with its precepts.” **How does such a commitment inform your leadership?**

**Canon XVI**

**Ordained Ministers**

***(Please acknowledge that you subscribe to this Canon by signing page 7)***

**Section 1.**

The Rector, or Vicar of all congregations, has charge under the Constitution and Canons of all things affecting the spiritual interests of their Congregations, subject only to the Ecclesiastical Authority of the Diocese, and at all times shall be entitled to the use and control of the church and all Parish buildings with the appurtenances and furniture thereof; at all times shall be entitled to access to the church, to open the same for public worship, for catechetical or other religious instruction, marriages, baptisms, burials, and all other offices authorized by the church and shall have full charge of all services in the church and, except as provided in Canon XXV, spiritual direction and full charge and control of all church schools, Parish schools, and all other associations, including separate corporations, related to or connected with the Parish.

**Section 2.**

It is the duty of the Rector or Vicar, who shall have full charge of all services in the church subject only and at all times to the Ecclesiastical Authority, to give directions concerning the worship of the Church, together with all that pertains thereto, and appoint fit persons to perform such duties relative to the service of the church as may properly be done by lay persons.

**Section 3.**

The Rector, or Vicar, of any Congregation, is President of the Parish or Mission corporation, as the case may be, and ex officio a member of the Vestry, or Church Committee, and has the right to vote at all times.

**Section 4.**

A Parish may call a member of the clergy as Rector only with the approval of the Ecclesiastical Authority and by meeting the minimum requirements as set forth below, unless waived by the Ecclesiastical Authority:

(a) Contributing to the ministry and mission of the Diocese of Central Florida the equivalent of at least 10% of the Parish's plate and pledge income,

(b) Paying to all full time clergy serving in the Parish, at least the minimum compensation established by the Ecclesiastical Authority and approved by the Board,

(c) Paying the parochial portion of premiums due to the Church Pension Fund and health insurance carrier,

(d) Paying in full the insurance premiums for workers compensation as required by Florida law and general liability coverage, including coverage for sexual misconduct, in an amount set by the Diocesan Board, and with an insurance company approved by the Diocesan Board, as per Canon XX Section 5.

Vicars are to be appointed by the Ecclesiastical Authority and may be removed by the Ecclesiastical Authority.

**Section 5.**

A Parish may call a member of the clergy as Assistant clergy only with the approval of the Ecclesiastical Authority and by meeting the minimum requirements as set forth below, unless waived by the Ecclesiastical Authority:

**Section 6.**

Every member of the clergy temporarily vacating his or her cure shall arrange in advance with the Vestry for the supply of services and the care of the Congregation during any absence. If such member of the clergy be paid wholly or in part by the Diocese, approval of the Ecclesiastical Authority must be obtained in advance of such absence.

Section 7. Deacons

1. Every Deacon shall be subject to the direction of the Bishop, or, if there be no Bishop, that of the clerical members of the Standing Committee, acting by their President. A Deacon shall officiate only in such places as the Bishop, or the clerical members of the Standing Committee, as the case may be, may designate.
2. No Deacon, except one in training for the priesthood, may be in charge of a Parish or Mission.
3. A Deacon ministering in a Parish or Mission under the charge of a Priest, shall act under the direction of such Priest in all such ministrations.
4. A Deacon ministering in a Parish or Mission not under the charge of a Priest shall, if not under the immediate direction of the Ecclesiastical Authority, be placed under authority of some neighboring Priest. Such Deacon shall be governed by such priest, in subordination to the Ecclesiastical Authority.
5. A Deacon ministering in circumstances other than a Parish or Mission shall, if not under the immediate direction of the Ecclesiastical Authority, be placed under authority of some member of the Clergy designated by the Ecclesiastical Authority.

**Section 8.**

No Bishop, Priest or Deacon shall be excluded from any Parochial or Diocesan office because of gender, race, color, or ethnic origin.

**Section 9.**

All clergy canonically resident and/or licensed in the Diocese shall comply with all risk management policies established by the Diocesan Board.

**Section 10.**

All members of the clergy of this Diocese, having subscribed to the Declaration required by Article VIII of the National Constitution, shall be under the obligation to model in their own lives the received teaching of the church that all its members are to abstain from sexual relations outside of Holy Matrimony.

All members of the clergy of this Diocese may allow to take place in their cures, officiate at, bless or participate in, only those unions prescribed by Holy Scripture: the wedding of one woman and one man. Said clergy are forbidden to allow to take place in their cures, officiate at, bless or participate in any other unions, as proscribed by Holy Scripture.

**Section 11.**

The staff and employees of a congregation shall serve under the direction and control and at the pleasure of the Rector or Vicar. Nothing in this section, however, shall prevent the Rector or Vicar from delegating to an employee, the Vestry or committee thereof, all or part of the authority to employ, direct, control, evaluate, discharge, or otherwise control the staff or employees.

I, the undersigned, do hereby acknowledge that I have read and understand Canon XVI of the Diocese of Central Florida, that I subscribe to the standards set forth in it, and will endeavor to pattern my life accordingly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**RISK MANAGEMENT**

The Risk Management Policy of the Diocese of Central Florida requires that all clergy, whether stipendiary, non-stipendiary, or otherwise who are engaged in ministry or service to the church are required to submit to a Background Check and to complete training in Child Sexual Abuse Prevention and Sexual Exploitation and Harassment Prevention.

If you have submitted to a background check (including a criminal check, driving record, and credit check) within the past year please request that your diocese of canonical residence send that report to the office of the Canon to the Ordinary. If you have not undergone a background check in the last year, please complete the Background Inquiry Release form included in this application (page 9) and submit it to the office of the Canon to the Ordinary.

If you have completed training in

* Child Sexual Abuse Prevention
* Adult Exploitation and Harassment Prevention

please provide that certification to the office of the Canon to the Ordinary.

If you have not completed that training, you will be required to do so within six months of your licensing in the Diocese of Central Florida.

2024

 For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Church/Organization/Licensing

**Background Inquiry Release Form**

In relation to my serving in the Diocese of Central Florida, I understand and authorize the access of information from various federal, state, and other agencies maintaining information regarding any public record information. I also understand this information may be accessed during my service and up to 30 days after separation from this diocese. I hereby consent to your obtaining various public record information from Diocesan/Church employers, from Praesidium, Inc. and from Professional Screening Services, Inc. and/or any other party or agency, in accordance with the Fair Credit Reporting Act and any and all state federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

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

Please print the following information

Full Legal Name:

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

 (First Name) (Full Middle Name) (Last Name)

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

 (Street Address)

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

(City) (State) (County) (Zip code)

List other counties/states where you have lived within the past ten years:

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

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

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_

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

Include the following searches:

 \_\_\_\_\_\_\_Multi-state Criminal background check & National Sex Offender Registry check

 \_\_\_\_\_\_\_Motor Vehicle Record check

 \_\_\_\_\_\_\_Credit Record check

Return completed form: ATTN: Mrs. Sue Grosso 2024