



Diocese of Quincy

Anglican Church in North America



Application for Reception or ACNA Title III Canon 5 Ordination

Name _____
Title First Middle Last

Present Address _____
City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email address: _____

Date of Application _____ Social Security No. _____

Current Denomination _____

Gender [] M [] F Birth date _____ Birth place _____

Marital Status: [] Single [] Married [] Divorced/Separated - # of Marriages _____ [] Widow(er) If

married, Spouse's Full Name _____ Date

of Marriage: _____ Spouse's Date of Birth: _____ If

Divorced, date of judgment _____

By (bishop): _____

If you have children, please give their name(s), gender, DOB

Date and Place of Baptism _____

Date of Confirmation: _____

By: _____

Date of Ordination (Diaconal) : _____

By: _____

Date of Ordination (Pastor or Priest): _____

By: _____

Educational History

College/Seminary

School

Degree Earned

Date of Graduation

Were you ever dismissed from a college or university for any reason? No Yes

If Yes, please explain. (Use extra paper as necessary)

Please attach a copy of your current Curriculum Vitae

On a separate sheet of paper, explain your reasons for wanting to become a member of the Diocese of Quincy.

Is there anything in your background that the Commission on Ministry or the Bishop should be aware of in evaluating your application. Yes No. If yes, please explain. (use extra paper as necessary)

Signature _____

Diocese of Quincy

Professional Conduct Questionnaire

To be completed by those seeking Holy Orders, Employment, or Licensing in the Diocese of Quincy.

The Diocese of Quincy, ACNA has established policies concerning professional conduct in order to maintain a healthy work and worship environment. Our commitment to these policies requires that we conduct background referencing for all persons who intend to engage in any ministry in the Diocese of Quincy. To assist us in this process, the Diocese has engaged the services of the Oxford Document Management Company, Inc., of Minneapolis, MN to conduct background referencing. They will send you a questionnaire that will form the basis of their work. What follows is our screening questionnaire for those who intend to engage in ordained ministry in the Diocese of Quincy.

As a part of this process in the Diocese of Quincy we require each person to answer a series of questions which are, of necessity, intimate in nature. If you do not understand the question, please ask for help. When completed, return the questionnaire directly to the Diocesan Office Attn: Ann McCarthy (address below). Except as required by law, the Bishop or the Bishop's designated agent(s) will be the only persons to see the information you supply. Where mandated by law (for example, suspected abuse of a minor or an incompetent person or lawful subpoena), the information you supply will be produced. You must answer all questions. Your answers will be kept as part of the Bishop's confidential files.

Authorization/Release

I understand and agree that a background review may be conducted with respect to me as identified and supplied by me on the Identification of Schools, Employers, Congregations and Bishops form supplied by Oxford Document Management Company, Inc., and that the information that I have provided the Bishop may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I agree to release from liability and damages the Diocese and its agents who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent such information is released without malicious intent. I authorize all such persons to treat a photocopy of this Authorization as through it were an original, executed Authorization.

Dated this _____ day of _____ 20 _____ at _____, _____
(City, State)

Social Security Number _____ Birth date _____

Signature _____

Printed Name _____
 First Middle Last

Present Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work/Cell _____

Email address: _____

Please answer either "yes" or "no" for each question. If the answer to any of the following questions is yes, please indicate the question number, provide relevant information regarding your response and indicate resolution of the issues, if any. Use the back of this form or additional paper if necessary.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution? _____
 - Have there been written complaints against you that did NOT result in discipline? _____
 - Are there any complaints pending against you before any of the above-named bodies. _____
2. Have you ever been subject to ecclesiastical disciplinary proceeding or the recipient of a "godly admonition"? _____
3. Have you ever been asked to resign or been terminated by a training program or employer? _____
4. Have you ever had a civil suit brought against you relative to your professional work or is any such pending? _____
 - Have you ever had professional malpractice insurance suspended/revoked for any reason? _____
5. Have you ever been charged with any ethics violation(s) or are such actions pending? _____
6. Have you ever been charged with having 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 seeing in professional context (e.g., a parishioner, a client, a patient, an employee, a subordinate or a student)? _____
7. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? _____
8. Have you ever been charged with the production, sale, or distribution of pornographic materials? _____
9. Have you ever been charged or adjudicated with sexual misconduct, including
 - abuse of power or role for sexual purposes _____
 - sexual contact with a minor or an adult incompetent to give consent? _____
 - sexual assault (e.g., rape) _____
 - solicitation for sexual purposes (e.g., prostitution) _____
 - an offense related to pornography or public indecency (e.g., indecent exposure) _____
10. Have you ever been charged with an offense related to sexual harassment, including unwelcome
 - sexual advances _____
 - requests for sexual favors _____
 - sexually motivated physical contact _____

- verbal or physical domination of a sexual nature _____

11. Do you have a history of alcohol abuse? _____

12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit? _____

Throughout this document, "charged" indicates an allegation made in writing and known to you.

13. 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 at any time been revoked or suspended? _____

14. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations or domestic violence, abuse or the like? _____

- Have you ever had your parental rights restricted, suspended or terminated or have any of your children been put into foster care? _____

15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity? _____

16. Have you ever claimed educational training/institutions attended or degrees earned that you know to be false. _____

Statement of Applicant
(Please read carefully before signing)

All information submitted by me in this questionnaire is true and complete to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of further consideration in the ordination, search, or reception process, or be cause for canonical procedures. I understand and I agree that I will notify the Bishop's Office immediately of any changes in the status of my licensure, censure or sanction by professional bodies, or in my information reported above, and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please print) _____ Date _____

Signature _____

Please send this completed questionnaire along with a check for \$155 (to cover background check) directly to:

The Diocese of Quincy, ACNA
4911 N. Knoxville Ave.
Peoria, IL 61614

Attn : Ann McCarthy