



CHURCH

The Church
Pension Fund

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.

*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, write a response. For some items, you will be asked to write 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, write "*Does Not Apply*" or "*N/A.*"

Please use an *ink pen.*

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

IDENTIFYING INFORMATION	
Name (Last, First, MI):	Today's Date:
Current Address:	Birthdate:
City, State, Zip:	Age:
Telephone Number(s):	SSN:
Sponsoring Diocese:	

CURRENT LIFE STATUS

Social/Marital Status

1. What is your current marital status? (If separated or divorced, please complete all that apply.)

☐ Single

☐ Married

Date: _____

☐ Remarried

Date: _____

☐ Divorced

Date: _____

☐ Separated

Date: _____

☐ Other (describe): _____

2. With whom do you live at present? (Enter the names of all person(s) currently living with you, ages, and relationships.)

Name	Age	Relationship

3. Do you currently own or rent a home or condominium? ☐ Own ☐ Rent

Length of time at present address: _____

4. Do you or anyone in your family/household have any learning, medical, or emotional problems? ☐ Yes ☐ No
If "YES," what are your/their needs?

5. Describe your current social support system indicating who the most important people in your life are.

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

☐ Failing

☐ Average

☐ Excellent

☐ Very Poor

☐ Above Average

☐ Poor

☐ Good

☐ Below Average

☐ Very good

7.	Are you currently under the care of a physician for any medical condition(s)? If "YES," please describe the condition(s) briefly:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																				
8.	Generally speaking, how is your mental health <u>RIGHT NOW</u> ? Mark your response using the list below: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Failing</td> <td><input type="checkbox"/> Average</td> <td><input type="checkbox"/> Excellent</td> </tr> <tr> <td><input type="checkbox"/> Very Poor</td> <td><input type="checkbox"/> Above Average</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Good</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Below Average</td> <td><input type="checkbox"/> Very good</td> <td></td> </tr> </table>		<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																																																																																																																																																																									
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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? If "YES," please describe briefly:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																				
11.	Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.																																																																																																																																																																																					
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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;"> <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed </div> If "Employed," please complete the following Current Employer: _____ Position Title: _____ Date Hired: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," please describe: <div style="height: 100px;"></div>
16.	How have you asked for help within your present job? <div style="height: 100px;"></div>
17.	What kinds of people give you the most difficulty in your current position? <div style="height: 100px;"></div>
18.	Describe the type of work which you enjoy the most. <div style="height: 100px;"></div>
19.	Describe the type of work which you enjoy the least. <div style="height: 100px;"></div>

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 |

☐ Legal problems: _____

☐ Employment problems: _____

☐ Financial problems: _____

☐ Fidelity problems: _____

☐ Sexual problems: _____

☐ Marital problems: _____

☐ 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).
<u>Mother:</u>	
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Year of her death: _____ b. Her age at death: _____ </div> <div style="width: 45%;"> c. Your age at her death: _____ d. Cause of death: _____ </div> </div>

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).	
<u>Marital Status of your Parents:</u>		
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.	Were you raised by your parents? If not, by whom were you raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. What ways were you disciplined by your **mother** 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 mother 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 mother.
- ☐ Other (describe): _____

57. How did you feel about the discipline you received?

58. 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:

- ☐ Physical abuse: _____
- ☐ Sexual abuse: _____
- ☐ Emotional abuse: _____
- ☐ Parental neglect: _____

59. To what extent do you have any significant gaps in your memories of childhood and adolescence?

60. 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.

- ☐ Fear of the dark
- ☐ Fear of bugs, spiders, snakes
- ☐ Fear of being left alone
- ☐ Fear of going to school
- ☐ Fear of other animals
- ☐ Other fears (please specify): _____

Description of fear(s) or phobia(s) and the effect on you:

61. How often did you lie to your teachers or parents? (Select category.)

- ☐ Rarely, if ever
- ☐ Occasionally
- ☐ Regularly
- ☐ Often
- ☐ Almost every day

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 <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
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.	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:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
71.	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:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
72.	Has your sexual behavior ever caused you or anyone else any problems? If "YES," please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
73.	I consider the following to have been true of me while I was a child. (Mark all that apply.)			
<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"/> Uneducated, 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"/> 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"/> Uneducated, 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"/> 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
<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"/> Uneducated, 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"/> 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			

Relationship/Marital History

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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
 78. Have your parental rights ever been terminated or restricted? ☐ Yes ☐ No
 79. Has any child of yours ever been placed in foster care? ☐ Yes ☐ No

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

Educational History

80. Please list **all** 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 "YES," please explain.

- ☐ Expelled from school
- ☐ Suspended from school
- ☐ Held back for a year in school
- ☐ Advanced a grade
- ☐ Placed in a special class

Explanation of any of the above:

83. Do you have any learning disabilities? If "YES," please describe:

84. Indicate with a checkmark any special academic interests:

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

85. Indicate the single academic area in which you are *most* competent. Make only one selection.

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

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 questions above, 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? ☐ Yes ☐ No
101. Have you ever been hospitalized for medical problems? ☐ Yes ☐ No
102. Have you ever had problems with your heart, lungs, liver, or kidneys? ☐ Yes ☐ No
103. Do you have any allergies to any medications? ☐ Yes ☐ No
104. Have you ever had any surgery? ☐ Yes ☐ No
105. Have you ever had a problem with your weight? ☐ Yes ☐ No
106. Have you ever had major concerns about your weight, body size or shape? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills)
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 & Route</th> <th style="width: 30%;">Medical Condition</th> <th style="width: 20%;">Date Started</th> <th style="width: 10%;">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," <div style="margin-top: 10px;"> <input type="radio"/> how much do you smoke/use daily? _____ </div> <div style="margin-top: 10px;"> <input type="radio"/> how long have you been smoking or using other tobacco products? _____ </div> <div style="margin-top: 10px;"> Describe any attempts to quit. </div>																					

Psychiatric History

116. Have you ever sought professional help or a self-help program for emotional problems?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

119. Have you ever attempted to kill yourself?

☐ Yes ☐ No

120. Have emotional problems ever significantly interfered with your work and/or academic performance?

☐ Yes ☐ No

121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation?

☐ Yes ☐ No

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

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

☐ Yes ☐ 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

☐ received or sought out professional help for any emotional problem? ☐ Yes ☐ No

☐ been treated with medication for any emotional problem? ☐ Yes ☐ No

☐ received or sought out professional help for a drug or alcohol problem? ☐ Yes ☐ No

☐ had a history of untreated emotional and/or drug or alcohol problem? ☐ Yes ☐ No

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

136. Place a checkmark beside any of the following drugs that you now use or have ever used:

- | | |
|--|---|
| <input type="checkbox"/> Marijuana or hashish | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Heroin or other narcotics | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Barbiturates or downers | <input type="checkbox"/> Diet pills* |
| <input type="checkbox"/> Tranquilizers of any kind* | <input type="checkbox"/> Sleeping pills* |
| <input type="checkbox"/> Hallucinogens (for example,
mescaline, psilocybin) | <input type="checkbox"/> PCP (angel dust) |
| | <input type="checkbox"/> Laxatives and/or diuretics |

☐ Other drug (specify): _____

☐ Other drug (specify): _____

* If you used these drugs while under the care of a physician and used them according to the physician's prescription/order, you do not need to complete the next section.

137. If you marked a substance above, list when you used the drug, over what period of time, and average daily and weekly amount of the drug used. Also state your longest period of abstinence from the drug.

Name of Drug	Date Usage Began	Date Stopped	Average Daily/ Weekly Amount Used	Longest Period Of Abstinence

138. Have you ever been treated for or sought professional help for a drug, alcohol or eating problem? ☐ Yes ☐ No

139. Have you ever attended Alcoholics Anonymous, Narcotics Anonymous or any of the other 12-step programs? ☐ Yes ☐ No

If you checked "YES" to either of the two questions above, 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/ Self-help				
Partial/Day Hospital				
Inpatient/ Residential				

Legal History

140. Have you ever been charged with a crime of any kind? ☐ Yes ☐ No
141. Have you ever been convicted of any crime? ☐ Yes ☐ No
142. Have you ever been placed on probation? ☐ Yes ☐ No
143. Have you ever been charged with traffic violations, including vehicular homicide or driving while intoxicated? ☐ Yes ☐ No
144. Has your drivers license ever been suspended or revoked? ☐ Yes ☐ No
145. Have you ever been incarcerated? ☐ Yes ☐ No
146. If you have been divorced, have you ever fallen behind on court-ordered child support or alimony payments? ☐ Yes ☐ No
147. Have you ever initiated a lawsuit? ☐ Yes ☐ No
148. Have you ever been a defendant in a lawsuit? ☐ Yes ☐ No

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

Financial History

149. Select the category which most closely approximates your family's annual income bracket during your childhood and adolescence:

- | | |
|--|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 – \$74,999 |
| <input type="checkbox"/> \$15,000 – \$24,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$25,000 – \$39,999 | <input type="checkbox"/> \$100,000 – \$150,000 |
| <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 – \$59,999 | |

150. Select the category which most closely approximates the highest annual income you have ever received:

- | | |
|--|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 – \$74,999 |
| <input type="checkbox"/> \$15,000 – \$24,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$25,000 – \$39,999 | <input type="checkbox"/> \$100,000 – \$150,000 |
| <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 – \$59,999 | |

What year did you reach this income level:

151. Has your family ever experienced any significant financial changes? ☐ Yes ☐ No
152. Are you currently or have you ever experienced serious financial difficulties? ☐ Yes ☐ No
153. Have you ever declared bankruptcy? ☐ Yes ☐ No
154. Do you have any ongoing problems with personal/family financial management? ☐ Yes ☐ No
(e.g. credit card debt, foreclosures, problems with debt collectors, compulsive gambling)

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

[illegible][illegible][illegible]

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



CHURCH

The Church
Pension Fund

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician(s) 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.

DIRECTIONS: This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, write a response. If a question does not apply to you, write "Does Not Apply" or "N/A."

Do not skip items.

Please use an ink pen.

1. 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? If yes, please explain in the space below.

2. Have you ever been asked to resign or been terminated by a training program or employer? If yes, please explain in the space below.

3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason? If yes, please explain in the space below.

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

Sponsoring Diocese

Witness Signature

Date



CHURCH PENSION FUND
Serving the Episcopal Church and Its People

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 contemplate 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.

Outline for Physical Examination

1. (a) How long have you known applicant (b) in what relationship?
2. (a) height without shoes: Ft Ins (b) weight: lbs

Vital Signs

Temperature Pulse Respiration Blood Pressure
(arm, R ☐ or L ☐ 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:

Outline for Physical Examination
(continued from previous page)

Spine			Neurological	
	Mobility	<input type="checkbox"/>		Mental status
	Tenderness	<input type="checkbox"/>		Cranial nerves
	Curvature	<input type="checkbox"/>		Cerebellar function
Abdomen				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"/>	Extremities	
	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"/>		

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

LABORATORY	
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.)

Examiner's Signature

Address

Phone Number/Fax Number

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

Infectious Diseases	Yes	No	Respiratory System	Yes	No
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"/>
Heart and Blood Vessels	Yes	No	Nervous System	Yes	No
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"/>
Digestive System	Yes	No	Miscellaneous	Yes	No
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"/>
Genitourinary System	Yes	No	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Daily use of nicotine (past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney stones	<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"/>
Prostate 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"/>
Bladder disease	<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)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **the Company** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, another outside organization acting on behalf of **the Company**, and/or **the Company** itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature: _____

Date: _____

Print Name: _____
First Middle Last

Maiden Name (if applicable): _____

Address: _____
Street City State Zip

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Driver's License Number: _____ DL State: _____

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

The Company intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), **the Company** may investigate the information contained in your employment application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354. The source of any credit report will be Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354. Information regarding Praesidium, Inc.'s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://website.praesidiuminc.com/praesidium-privacy-policy/>. **The Company** agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

NEW YORK ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

S 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license or employment sought.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

S 751. Applicability. The provisions of this article shall apply to any application by any person who has previously been convicted of one or more criminal offenses, in this state or in any other jurisdiction, to any public agency or private employer for a license or employment, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct.

S 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, to which the provisions of this article are applicable, shall be denied by reason of the applicant's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the applicant has previously been convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought; or

(2) the issuance of the license or the granting of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

S 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

S 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

S 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates which are not banks, savings associations, or credit unions also should list, in addition to the CFBP	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches/agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010 9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Federal Land Banks, Federal land bank associations, Federal intermediate credit banks, and Production credit associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and all other creditors not listed above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357



Form A.5.b
CONFIDENTIAL

**SOCIAL HISTORY FORM
DIOCESE OF EASTERN OREGON**

This document is **Confidential**. Please return the completed document separately from other documents addressed: The Rt. Rev. Patrick Bell, The Episcopal Diocese of Eastern Oregon, PO Box 236, Cove, OR 97824. Mark the mailing envelope Confidential.

Please fill in the answers to the following questions. Use additional sheets of paper if necessary.

Date _____

NAME _____
First Middle Last

(Any other names used) _____

CURRENT ADDRESS _____

PERMANENT ADDRESS (if different) _____

TELEPHONE *(Home)* _____ *(Work)* _____

E-MAIL ADDRESS _____

OTHER PRINCIPAL RESIDENCES UP TO THE PRESENT:

DATE OF BIRTH _____ **BIRTHPLACE** _____

SOCIAL SECURITY NUMBER _____ **Male** _____ **Female** _____

SPONSORING PARISH/MISSION _____

How long have you been a member of this congregation? _____

How long have you been resident in the Diocese of Eastern Oregon? _____

Have you ever applied for Holy Orders in this or any other Church? _____

If so, when? _____ *Where?* _____

What was the result of that application? _____

MARITAL STATUS

Single ____ *Married* ____ *Partnered* ____ *Divorced* ____ *Separated* ____ *Widowed* ____

Date of present marriage (*if applicable*): _____

Spouse/Partner's Name _____

Spouse/Partner's DOB _____

Spouse/Partners's Religious affiliation (*if applicable*): _____

Spouse/Partner's Employment _____

Give a brief evaluation of spouse/partner's feelings regarding your intent to enter ordained ministry:

Please provide a brief description of your marriage/relationship (*if applicable*):

PRIOR MARRIAGES *(Please list all marriages, if applicable):*

Date of Marriage	Name of Former Spouse	Date of Termination
_____	_____	_____
_____	_____	_____

CHILDREN *(if applicable)*

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there are children over the age of 10, please give a brief evaluation of your children's feelings regarding your intent to enter ordained ministry:

EDUCATION

High School (*name, place*) _____

Dates attended _____

Please list all post high school institutions that you have attended:

Name of College or University	Dates Enrolled			
	<u>From</u>	<u>To</u>	<u>Degree</u>	<u>Major</u>

Please describe any academic honors you received and any extra curricular activities in which you engaged during your post-secondary education.

Please discuss your readiness and ability to undertake theological studies at this time.

Please discuss your current plans to undertake theological education.

Please discuss your plans for financing your theological education.

EMPLOYMENT HISTORY *(Please list all positions held in the past ten years, beginning with the current or most recent.)*

Dates		Position	Company/Address	Hours/	
<u>From</u>	<u>To</u>			<u>Week</u>	<u>Salary</u>

(Use reverse or additional sheets, if necessary.)

In your own words, describe the reasons for any job changes.

What types of work have you liked best and least?

Please discuss any recent continuing education related to your employment.

FAMILY HISTORY

Please give the names, dates of birth, religious affiliation and principal occupation of your parents and siblings. Please include marital status. If separated, divorced or deceased, please give dates.

If applicable, please give a brief description of each parent's and sibling's feelings about your intent to enter ordained ministry?

Briefly describe your childhood. Is there any family history of physical/emotional abuse, alcohol or drug abuse, emotional/behavioral problems? Please describe.

HEALTH

Please describe your current physical and mental health. _____

List any medications taken. _____

Do you have any physical handicap? _____

Have you ever been treated for a serious illness or injury? _____

Have you ever been treated or counseled for mental illness or emotional disturbance? _____

Are you presently undergoing therapy or counseling? _____

Have you ever received treatment for drug or alcohol abuse? _____

(If you answered "yes" to any of these questions, please describe below.)

LEGAL HISTORY *(You are also subject to a background investigation which has a separate form and will be completed prior to Candidacy.)*

Have you ever been convicted of a crime against a person? _____ Yes _____ No

Have you ever been found to have sexually assaulted or exploited a minor in a dependency action, a domestic relations proceeding, a disciplinary board final action or any other proceedings?
_____ Yes _____ No

Have you ever been the subject of a restraining order? _____ Yes _____ No

Have you been charged or convicted of any crime? _____ Yes _____ No

Do you have any legal matters pending at this time? _____ Yes _____ No

If you answered "yes" to any of the above questions, please provide details.

RELIGIOUS HISTORY:

Please give the date and place of your baptism, and the denomination of the church in which it was recorded.

Please describe the circumstances under which you joined the Episcopal Church and any previous religious affiliations you have had.

When did you begin attending the Episcopal Church? (*give date*) _____

Please list the date and place of your Confirmation or Reception in the Episcopal Church.

Do you currently have a spiritual director? If so, how long have you worked with this person? How has this relationship been helpful?

MINISTRY:

Please discuss your current and past ministries, both within the church and in daily living.

Please briefly discuss your call to the ordained ministry.

Please describe your gifts which will help you to live out the ordained ministry.

ADDITIONAL INFORMATION

Are there any other issues about your history about which the bishop should know?

[Signed] _____

[Date] _____



Application for Postulancy Return Packet Checklist

The Application for Postulancy consists of several parts. Please submit ***all*** parts at the same time. **The application will not be accepted unless it is complete.** Complete this checklist and mail it with the application packet.

1. Vestry/Discerning Community Documents (A.4)

- _____ A letter of nomination from the applicant's discernment community, including a statement committing the discernment community's ongoing involvement in this person's preparation for ordination, including financial support. (See <http://www.episdioeo.org/dio/wp-content/uploads/COM-Form-Vestry-Nomination-for-Postulancy.pdf>)
- _____ Letter from the discernment committee or the community of discernment describing the process by which this person has been identified for ordination. (See *guidelines in ordination packet.*)
- _____ Check here if the above two documents are being mailed from the Parish.

2. Aspirant's Nomination Packet (A.5a)

- _____ Nomination Form has been completed in its entirety
- _____ Acceptance of nomination has been completed, signed and dated.
- _____ Applicant's written spiritual autobiography is included. (See *guidelines in ordination packet*)
- _____ Baptismal certificate
- _____ Confirmation certificate
- _____ Official transcripts from all post-high school academic institutions.
- _____ Date of request if transcripts were ordered from institutions to be mailed directly to the Bishop's Office.

3. Confidential Packet (A.5b)

- _____ **Social History Form** completed and mailed to the Bishop's attention.
- _____ **Background Check Authorization Form** completed and mailed back to the Diocesan Office.

Date and Initial when all pieces are completed and include in the mailed packet.

Initials _____ Date _____



**Nomination Form for Ordination
Episcopal Diocese of Eastern Oregon**

Full Name: _____

Address

Mailing address (if different from street address) _____

Home phone _____ **Cell phone** _____

Email address _____

Congregation's Name: _____

Date and place of Birth:

Date of and Place of Baptism:

Date of Confirmation, where, and by whom:

Length of time resident in the Diocese of Eastern Oregon: _____

Application is for nomination to (check one) ___Diaconate ___Priesthood ___ still in discernment

Has this person been previously Nominated in any diocese? _____

If yes, please state where and when

Has application been made previously by this person for Postulancy or Candidacy in any diocese? _____ **If yes, please state where and when.**

If denied Postulancy or Candidacy, please state why.

Please provide information regarding the level of education attained by this person and any degrees earned and areas of specialization:

Please provide the following additional materials:

- The person's written spiritual journey.
- Copies of Baptismal and Confirmation certificates.
- Official transcripts from all post-high school academic institutions
- Social History Form (form A.5b) sent separately, addressed to the Bishop.

These materials are to be submitted in their entirety to the Bishop. The application will not be considered until all the materials have been received. After receipt of the materials, the person will contact the Bishop's Office to schedule a conversation with the Bishop and the Commission on Ministry

Acceptance of nomination

I accept the nomination of *(parish/community of faith)* _____

in *(location)* _____ for postulancy for Holy Orders.

Nominee's Signature _____ Date _____

Bishop's confirmation of nominee's status

I hereby confirm that _____ has been baptized and confirmed and is a communicant in good standing at *(parish/community of faith)* _____ in *(location)* _____.

Bishop's signature _____ Date _____



A.4 Certification of Discernment Process Episcopal Diocese of Eastern Oregon

Certification of Discernment Process

I certify that I have completed the necessary discernment process with *(parish/community of faith)*

in *(location)* _____ for postulancy for Holy Orders.

Nominee's Signature _____ Date _____

[on letterhead]

[date]

The Rt. Rev. Patrick Bell
 The Episcopal Diocese of Eastern Oregon
 PO Box 236
 Cove, OR 97824

Re: Nomination for admission to Postulancy and Letter of Support for [name]

Dear Bishop Bell,

In keeping with **[Canon III.6.2(a) or Canon III.8.2(a)]**, we, the congregation of **[church name]**, nominate **[Nominee's name]** as (s)he pursues a call to **[vocational diaconate or priesthood]**. We pledge to 1) contribute financially to **his/her** preparation and 2) involve ourselves in **his/her** preparation for ordination. We testify to our belief, **(based on personal knowledge or on evidence satisfactory to us)**, that **[Nominee's name]** is sober, honest and godly, and a confirmed communicant of this Church in good standing. We further declare that, in our opinion, the **s/he** possesses attributes and qualifications suitable for admission as a Postulant for Holy Orders.

[type name], Senior/Bishop's Warden_____
[type name], Member_____
[type name], Junior Warden_____
[type name], Member_____
[type name], Rector/Vicar/Priest in Charge_____
[type name], Member_____
[type name], Member_____
[type name], Member_____
[type name], Member_____
[type name], Member_____
[type name], Member_____
[type name], Member

I hereby attest that the forgoing letter of support for **[Nominee's name]** was signed by the members of the **Vestry/Bishop's Committee** of **[church name]**, duly convened on **[date]**. At least a two-thirds majority of the members of the **Vestry/Bishop's Committee** has signed this letter of support.

[type name], Clerk of the **Vestry/Bishop's Committee**

Date _____

[on letterhead]

[date]

Commission on Ministry
The Episcopal Diocese of Eastern Oregon
PO Box 236
Cove, OR 97824

Re: Discernment process for [name]

Dear members of the Commission on Ministry,

It is our joy to inform you that **[Aspirant's name]** is entering the process of discernment at **[Parish name]**. We fully support **him/her** in this process. **[We request COM's assistance in beginning the discernment process. or (Name of clergy person or consultant) has initiated the discernment process which we look forward to telling you about.]** Please assign a COM liaison and send the appropriate discernment and nomination materials to **[Aspirant's name and address]**.

We testify to our belief, **(based on personal knowledge or on evidence satisfactory to us)**, that **[Aspirant's name]** is sober, honest and godly, and a confirmed communicant of this Church in good standing. We further declare that, in our opinion, **s/he** possesses attributes and qualifications suitable for admission as a Postulant for Holy Orders should the discernment process determine that to be the appropriate path for **[Aspirant's name]**.

[type name], Senior/Bishop's Warden

[type name], Member

[type name], Junior Warden

[type name], Member

[type name], Rector/Vicar/Priest in Charge

[type name], Member

[type name], Member

[type name], Member

[type name], Member

[type name], Member

[type name], Member

[type name], Member

**The Episcopal Diocese of Eastern Oregon
Sexual Conduct Policy Acknowledgment**

I acknowledge that I have received, read and understand the contents of the Sexual Conduct Policy of The Episcopal Diocese of Eastern Oregon. I understand that sexual misconduct is grounds for disciplinary action, including termination of employment or suspension from service. I understand that I am expected to attend the training required by this policy, and that submission to the procedures outlined, including the duty to report suspected sexual misconduct, is a condition of my service in The Diocese of Eastern Oregon. I understand that this policy may be updated from time to time and that I will be responsible for reading and filing the updates.

Signed: _____

Name: _____

Please print

Date: _____

Parish or Organization: _____

Name of Congregation or Entity:

Please indicate the date that the governing body (vestry or board) has adopted the Diocesan Sexual Conduct Policy and attach a copy of the minutes of the meeting at which it was adopted.

Date: _____

NOTE: All clergy acknowledgment forms will be kept on file in the Diocesan Office. Acknowledgment forms for local lay employees and volunteers will be kept on file by the entity engaging their services. These files are considered "permanent."



How to Prepare a Spiritual Autobiography Episcopal Diocese of Eastern Oregon

A spiritual autobiography is a particularly useful tool for the aspirant, the Discernment Committee, the Bishop and the Commission on Ministry. It is vital in understanding the aspirant's spiritual journey and potential call to ordained life. For all that will ultimately read the spiritual autobiography, it is important that all understand that the biography's contents will be kept in strict confidence. The following are suggested guidelines for preparing a spiritual autobiography and the items contained in it that can assist all involved in discerning your call. Use these guidelines to think about the content of your autobiography, then write to reflect yourself, rather than to specifically respond to these questions.

- Describe your family of origin. For example: where born, parents, siblings and others who comprised your family.
- Was your family religious? Did they or you attend church growing up? If so, what denomination?
- When would you say you first came to know God?
- When did you become an Episcopalian?
- When were you baptized? Were you confirmed?
- Have you ever, or are you presently married? How has that relationship affected/shaped your relationship with God and the church?
- What events in your life, either good or bad, have helped shape your relationship with God?
- What is your educational background? Did you attend college? If so where and what did you study? Did you attend church in college?
- What has been your work experience or career? Do you feel your career experiences have helped lead you to exploring the possibility of becoming a priest or deacon?
- Who are some of the people in your life that have had the greatest impact on you and your spiritual life?
- One of the most useful aspects of a spiritual autobiography is to help others understand what has brought you to this point in time in which you are open to considering a call to ordained life in the church. Do you feel God is calling you to the priesthood or the diaconate, or are you unsure and open to either vocation? Briefly explain how the life events you have described have led to this current moment in your spiritual journey.

Financial Assessment

The journey to ordination is a financial commitment, as well as being a spiritual and community journey. The Commission on Ministry of the Episcopal Diocese of Eastern Oregon commends these financial assessment and planning documents for your personal use. If you are married or partnered, please have your spouse/partner complete his/her own forms, as well. You may wish to use the data from these forms in your conversation with your Vestry or community of faith about their financial commitment to your journey.

YES NO

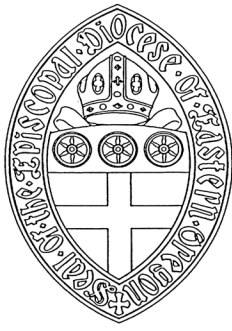
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have an updated financial plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have analyzed my cash flow. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have established a "rainy day" fund for emergencies. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have completed a net worth statement. (Assets minus debts or liabilities) |
| <input type="checkbox"/> | <input type="checkbox"/> | I am saving money on a regular basis for the future. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have reviewed my (life, health, disability, long term care, auto, home, liability) insurance coverage. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a national credit card in my own name. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have discussed finances with appropriate family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have documents pertaining to my personal and family finances where my family can find them (property deeds, automobile titles, wills, insurance policies, birth, investment, marriage and divorce certificates, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | I know approximately what my financial situation would be in the event of a significant life event or change. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I should die suddenly, it would be easy for my survivors to determine who should be notified. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I should die suddenly, it would be easy for my survivors to understand their total financial picture. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know my retirement benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know approximately what my Social Security income will be in retirement. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know approximately the future income from my investments in retirement. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have authorized another person to act on my behalf under "power of attorney" document and living will. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an up-to-date will. |



Discernment Question Suggestions Episcopal Diocese of Eastern Oregon

Suggested questions for exploration with an aspirant for ordained ministry:

- What spiritual gifts have been manifested in your ministry?
- What ministry gives you life? Drains you?
- What do you believe God is calling you to do? To be?
- How do you experience that call?
- How have you gathered people together in your daily life as well as in the church?
- How have you empowered people for ministry?
- Which of the ordination vows would be the most challenging? Which would be most exciting?
- How would you plan to prepare for ordination? (academic, practical, spiritual, clinical?)
- In what way(s) has the Church been important in your life?
- How has your life changed recently so that it seems to be pointing towards ordination?
- What is a deacon for you? A priest?
- Why does the church need priests and deacons? Does it?
- Is your family supportive of your vocational goals?
- How do you relate to people in a community?
- Describe your activities and participation in the life of this congregation.
- How do you define the ministry of the laity?
- Tell us about your prayer life.
- Have you ever considered spiritual direction?
- Who is Jesus Christ for you?
- Why do you believe ordination is necessary for the ministry to which you feel called?
What difference will ordination make?
- What are you most afraid of in the vocations process? In the ordained ministry?
- What are you most excited about?
- Do you plan to seek full time employment in the Church after ordination?
- Are you aware of the possibilities of employment?
- What do you consider to be your responsibilities to the parish and its to you if the Vestry agrees to sponsor your postulancy?
- What will you do if you are refused postulancy?



Discernment Process for Ministry Episcopal Diocese of Eastern Oregon

Discernment for ministry begins in the congregation. This is where the person and his or her gifts for ministry are best known and best considered. Persons should have been active in a congregation for at least a year before ministry discernment is undertaken.

The purpose of discernment is to discover particular gifts and potential call to ministry. Parish discernment is a deep conversation and discovery process for all involved. When an individual's potential call is to ordination, a formal process will be undertaken. This process may look and be experienced differently depending on the context.

In Baptism, God calls all Christians to ministry and to Christ-like service. Some persons are called to ordination or to particular lay ministries for the building up of the body of Christ.

When an individual feels a pull towards ordained or other specialized ministry, the individual is encouraged to have conversation with their parish clergy if applicable and/or bishop about where this pull might lead prior to beginning a formal process.

Steps of the Formal Process:

- 1) When the parish priest, if applicable, or other appropriate parish leadership (i.e. Wardens and or Vestry) become aware of an individual's desire for ministry discernment, the person in charge of the congregation will contact the bishop.
- 2) The Vestry will write a letter to the Commission on Ministry (COM) to initiate the discernment process.
- 3) A member of the COM will be in contact with the individual, vestry and parish clergy, and other members of the congregation as appropriate, to develop an intentional discernment process appropriate to that congregation.
- 4) Discernment: The process will continue until consensus is reached as to the nature of the individual's call.

If that call is to Lay Ministry, the process will help the individual make a plan for going forward.

If a call to ordination is discerned, those involved in the discernment will provide a confidential written report to the Vestry. This report will include a summary of the discernment process and the recommendation for the individual.

- 5) The Vestry then interviews the individual and decides whether or not to nominate the individual for ordination.

Should the Vestry decide to nominate, the written report from the discernment process is included with the nomination papers submitted to the bishop and the COM. (See Canons III.6.2 for Diaconate and Canon III.8.2 for Priesthood)

The Nomination shall be in writing and shall include a letter of support by the Nominee's congregation or other community of faith committing the community to:

- (1) pledge to contribute financially to that preparation, and
- (2) involve itself in the Nominee's preparation for ordination

If it be a congregation, the letter shall be signed by 2/3 of the Vestry or comparable body and by the member of the clergy or leader exercising oversight. *

Should the Vestry decide not to nominate, the discernment process shifts focus to support the individual in exploring other potential ministries.

- 6) Following Vestry nomination, the individual meets formally with the bishop, and, if invited by the bishop, meets with the COM.

If the bishop and the COM discern a call to ordained ministry, the discernment process continues.

If either the bishop or the COM does not discern a call to ordained ministry, the parish discernment process shifts focus to support the individual in exploring other potential ministries.

As part of discernment, deep conversations about the Baptismal Liturgy, and both the Diaconal and Priestly ordination liturgies are important.

*Canon III.6.2(a) - diaconate and Canon III.8.2(a) - priesthood



Discernment Committee Guidelines Episcopal Diocese of Eastern Oregon

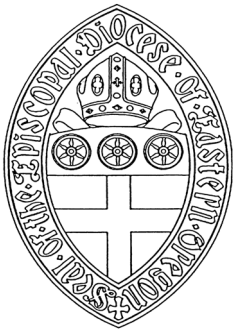
Guidelines for Discernment Committee Report to the Vestry or Parish Discernment Report to Commission on Ministry

In most cases, a Discernment Committee will be appointed within a congregation to assist an aspirant with the aspirant's discernment and discernment of the community. A Discernment Committee must provide a report to the Vestry, which, in turn, provides the community's recommendation to the Commission on Ministry and the Bishop for the aspirant to proceed towards ordination. It is important for the Discernment Committee to understand that the report to the Vestry outlining the committee's recommendation will be seen by both the Vestry and, should the Vestry approve and recommend the aspirant to be considered for postulancy, by the Bishop and members of the Commission on Ministry. With this in mind, the following items could be helpful to all interested parties:

- When did the Discernment Committee (the Committee) begin its work?
- How did the Committee organize itself? For example did it elect a chair?
- How many members does the Committee have?
- Provide very brief info on each member, such as: name, how long a member of the congregation, ministries within the congregation, how long and in what regard the member has known the aspirant.
- What materials did the Committee utilize? For example, did the Committee use the book, *Listening Hearts*? If so, did each member of the Committee have a chance to read it? Did the Committee receive and utilize the materials included in the aspirant's discernment packet?
- Did you require and utilize the aspirant's spiritual autobiography?
- How many times did you meet with the aspirant? Did the Committee feel the time allocated to meeting with the aspirant was adequate?
- Briefly describe how the Committee and the aspirant determined which order of ministry was appropriate: the diaconate or the priesthood and how and why was this decision made?
- What qualities does the committee see in the aspirant that recommend the aspirant for ordained ministry?
- Briefly describe the Committee's process for reaching a decision regarding the aspirant's potential call to ordained life.
- The Committee's report to the Vestry must be signed by the Chair at a minimum, or preferably by each member of the Committee.

In some congregations or communities of faith, the entire congregation/community may function in the discernment process and recommendation of an aspirant. When this is the case, a letter detailing the discernment process must still accompany the Vestry's letter of nomination when it is sent to the Bishop and Commission on Ministry. In such a situation, please include the following information in the letter:

- How long has the aspirant been a member of the parish? In what ways has the aspirant been an active member of the parish?
- Did the parish/community utilize any discernment materials? For example, was the book, *Listening Hearts*, used? Were the materials included in the aspirant's discernment packet received and utilized?
- Briefly describe how the parish/community and the aspirant determined which order of ministry was appropriate: the diaconate or the priesthood and how and why was this decision made?
- What qualities do you see in the aspirant that recommend the aspirant for ordained ministry?
- Briefly describe the community's/parish's process for reaching a decision regarding the aspirant's potential call to ordained life.



Checklist for Ordination Process Episcopal Diocese of Eastern Oregon

NAME _____

Canonical requirements will be found in Canon III.6 for the Diaconate or Canon III.8 for Priesthood. This checklist and your COM liaison will assist you in understanding diocesan requirements and expectations.

A. Preparation for Postulancy

- _____ A.1 Initial formal meeting with the Bishop. *(Date)*
- _____ A.2 Bishop notifies nominee and COM of approval to proceed with application.
(Copy of letter/email)
- _____ A.3 Congregation or Community of Faith discerns with person regarding the call to
ordained ministry, COM is notified, and discernment packet is sent. **Form A.3**
- _____ A.4 Vestry interview and recommendation sent to the Bishop - **Form A.4.**
- _____ A.5 Nomination forms **A.5a** and **A.5b** sent to Bishop's Office *(Canon III.6.2 or Canon III.8.2)*
- _____ A.6 Confirmation by Bishop that the person is a confirmed adult communicant in
good standing of a congregation or other community of faith.
- _____ A.7 Background check by Bishop's Office completed and paid for by sponsoring
congregation and/or postulant. *(Date completed) Confidential file.*
- _____ A.8 Physical exam completed and sent to Bishop's Office and paid for by sponsoring
congregation and/or postulant. *(Date completed) Confidential file.*
- _____ A.9 Psychological exam completed and sent to Bishop's Office and paid for by sponsoring
congregation and/or postulant. *(Date completed) Confidential file.*
- _____ A.10 Signed Diocesan Sexual Conduct Policy Acknowledgement sent to Bishop Office.
- _____ A.11 Initial meeting with the COM. *(Date)*
- _____ A.12 Recommendation for Postulancy received by Bishop from COM - **Form A.12.**
- _____ A.13 Admission by Bishop to Postulancy. *(Copy of letter)*
- _____ A.14 Preparation of necessary formation, education, and training program.
- _____ A.15 Letter of admission to Postulancy sent to congregation, COM, and Standing Committee,
and director of formation/education program. *(Copy of letter)*

B. Preparation for Candidacy – During Postulancy

- _____ B.1 Ember Day letters received (4 times a year) and quarterly conversation with COM liaison.
- _____ B.2 Continued academic study.
- _____ B.3 Anti-racism/multi-cultural training completed. *Certificate Required*
- _____ B.4 Title IV/Child abuse prevention and sexual harassment prevention training completed. *Certificate Required*
- _____ B.5 Commitment by congregation/community of formal preparation - **Form B.5.**
- _____ B.6 Letter of application for Candidacy and supporting letter) from Congregation and Vestry sent to Bishop's Office – **Form B.6 and B.5**
- _____ B.7 Meeting with the Commission on Ministry. (*Date*)
- _____ B.8 Meeting with the Standing Committee. (*Date*)
- _____ B.9 Recommendation for Candidacy received by Bishop from COM and SC - **Forms B.9a and B.9.b.**
- _____ B.10 Admission by Bishop to Candidacy.

C. Preparation for Ordination to the Diaconate – During Candidacy

- _____ C.1 Candidate for ordination is at least 24 years of age.
- _____ C.2 (*For vocational diaconate*) Minimum of 18 months from acceptance of nomination.
- _____ C.3 Demonstrated competency in five general areas for vocational diaconate, seven general areas for transitional deacons.
- _____ C.4 Ember Day letters received (4 times a year) and quarterly conversation with COM liaison.
- _____ C.5 Application for ordination by Candidate received in Bishop's Office -**Form C.5.**
- _____ C.6 Letter from Community/ vestry affirming readiness for Ordination -**Form C.6.**
- _____ C.7 Date and evidence of admission to postulancy and candidacy -**Form C.5.**
- _____ C.8 Documentation of preparation showing Candidate's scholastic record and giving evaluation with recommendation for ordination.
- _____ C.9 Final interview and written assessment for ordination prepared with recommendation from COM -**Form C.9.**
- _____ C.10 Certification by Standing Committee-**Form C.10.**
- _____ C.11 Approval by Bishop for Ordination to the Diaconate. (*Copy of Letter*)

D. Preparation for Ordination to the Priesthood-During Transitional Diaconate

- _____ D.1 Minimum of six months since ordination as a Deacon and eighteen months from acceptance from Nomination,
- _____ D.2 Written application from Deacon requesting ordination as a Priest - **Form D.2.**
- _____ D.3 Letter of support from the Deacon's congregation/faith community - **Form D.3.**
- _____ D.4 Written evaluations from academic instructors of Deacon's coursework.
- _____ D.5 Written statement from COM attesting to successful completion of the program of formation designed during Postulancy and recommending the Deacon for ordination to the Priesthood to the Standing Committee and Bishop-**Form D.5.**
- _____ D.6 Certification by Standing Committee that canonical requirements for ordination to the Priesthood have been met-**Form D.6.**
- _____ D.7 Appointment to Parochial Cure.
- _____ D.8 Appointment of mentor priest.
- _____ D.9 Approval by Bishop for Ordination to the Priesthood.