The Ecumenical Catholic Church

Ordination/Clergy Reception **Information and Application** (Form 104)

I am applying for _____ ordination _____ reception ____ dual affiliation

as a ____ permanent deacon ____ transitional deacon ____ priest

For Dual Affiliation, Present Denomination: _____

Please submit the following to the Ecumenical Catholic Church vocations committee as directed on the last page. One copy of each of the following should be sent to the three addresses:

1. ***This information form.***
2. ***A recent color photographs of yourself.***
3. ***Your answers to the 11 questions in this form.***
4. ***Copies of all supplemental documents requested in this form.***

Please complete the form itself and return as soon as possible. This opens your file as a "candidate" for clergy status. The answers and supplemental documents should be completed promptly, but do not need to be submitted at the same time as the form itself.

Part I: Vital Statistics

Attach a copy of your baptismal certificate and, if applicable, ordination documentation.

Full name at birth/baptism: _____

Present name, if different: _____

Home Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

City/State/Zip: _____

Telephone (home): _____ (work): _____

E-mail address: _____ Fax (home or work that can be used): _____

Date of birth: _____ Age: _____

Place of birth: _____

Father's Full Name at His Birth: _____

Mother's Full Name at Her Birth: _____

Date of baptism: _____

Place of baptism: _____

Date of confirmation: _____

Place of confirmation: _____

Present parish membership: _____

Address: _____

Full name of present spouse or partner,* if any: _____

Date and place of marriage: _____

**Note that the ECC recognizes both heterosexual and homosexual marriages which have been blessed through some sort of commitment ceremony, regardless of legal status. If you have a life-partner to whom you are not married, list him/her anyway and list "N/A" for the date of marriage.*

Names of Previous Spouses, dates of marriage and termination of marriage:

_____

_____

Ordinations or ministerial service in other denominations (dates, place, denomination, etc.):

_____

_____

Previous Home Address: _____

City/State/Zip: _____

Dates of Residence: _____

Social Security Number: _____

Driver's License or ID: _____ State: _____

Part II: Academic Background and Employment

1. *Attach copies of both transcripts and diplomas from seminary/theological school.*
2. *Attach copies of either diplomas or transcripts from all other college level education.*
3. *Attach a resume or curriculum vitae delineating your employment history.*

High School: _____

Date of Graduation: _____ GPA: _____

Community College: _____

Date of Graduation: _____ Major: _____ Degree: _____

Undergraduate: _____

Date of Graduation: _____ Major: _____ Degree: _____

Graduate Theology: _____

Date of Graduation: _____ Major: _____ Degree: _____

Other Graduate School: _____

Date of Graduation: _____ Major: _____ Degree: _____

Current Employer: _____ Position: _____

Address: _____

City/State/Zip: _____

Dates of Employment: _____ Telephone: _____

Supervisor's Name and Telephone: _____

May We Contact Employer as Reference? ____ Yes ____ No

If Not, why not? _____

Previous Employer: _____ Position: _____

Address: _____

City/State/Zip: _____

Dates of Employment: _____ Telephone: _____

Do you have any past or current substance abuse issues? _____ Yes _____ No.

Have you ever received treatment for substance abuse? _____ Yes _____ No.

If yes to either of the above, explain: _____

_____

Have you ever been under the care of a psychiatrist/psychologist/therapist? ____ Yes ____ No

Name of Therapist: _____ Telephone: _____

Address: _____

Nature of Therapy: _____

Do you now or have you ever taken any sort of prescribed psychotropic medication? _____

If so, which one(s) and for what reason? _____

_____

Does the medication prevent you from carrying on your daily duties? _____

If so, explain: _____

May we contact the therapist for reference/comment? ____ Yes ____ No

If not, why not? _____

If more than one therapist, attach similar details on a separate sheet.
Receiving therapy or taking medication is not an automatic impediment to ordination/reception.

Have you ever been convicted of a misdemeanor or felony? ____ Yes ____ No

Description of Offense: _____

Place and Date of Conviction: _____

Explanation of Circumstances: _____

If more than one offense or need more space for detail, attach similar details on a separate sheet.
Prior conviction is not necessarily an impediment to ordination/reception.
Do not include routine traffic infractions (speeding, etc.),
but do include more serious offenses such as DUIs, etc.

Investigation that locates convictions *not disclosed* will result in automatic rejection.

Provide the names of three personal references. Please also request them to write a letter of reference for you and have it sent to the director of vocations. Please be aware that we may do follow-up telephone calls to these persons. Do *not* include relatives, partners, or ECC clergy.

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: Day: _____ Evening: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: Day: _____ Evening: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: Day: _____ Evening: _____

Part III: Personal Statements

Attach typewritten responses to the following eleven questions/requests. Each response should be about one to two pages in length. Be thorough yet succinct.

1. Describe your personal religious history.

2. Describe your personal beliefs and theology.

3. What does ordination mean to you?

4. When did you first feel called to the ordained ministry? How did you know you were called? Why do you think God called you? How have you lived out this call in your life?

5. Describe the relationships and interactions between Church, society, theology, morality, sin, and grace.

6. How do think the following will relate to your life as an ordained person: dedication, study, servanthood, social activism, teaching, proclaiming, witnessing, chastity, poverty, obedience, work, marriage, family, community, faith, love, etc. (It is OK to not see some of these things relating to you, and you should feel free to comment on other characteristics not mentioned.)

7. When do you plan to be ordained/received, and what are your short-term desires or plans for ministry? Be specific as to where, specific outreach, how financed, etc.

8. Where do you see yourself in ten years? What are your most important objectives in life?

9. How do you plan to combine ministry with your other dreams, commitments, occupations, and relationships?

10. Why do wish to associate with the Ecumenical Catholic Church? How will this affect your relationship with your present denomination? Why are you dissatisfied with your present or most previous denomination?

11. How do you relate to authority and structure in organizations? Are you prepared to fully support the Ecumenical Catholic Church, its canons, its vision, and its hierarchy?

Statement of Faith

By submitting this application, I, _____, state and confess that:

I believe in One God -- the Father, Son, and Holy Spirit -- and accept the Christian Faith of the Apostles' and Nicene Creeds.

I reject sin and Satan.

I accept Jesus Christ as my Savior and Lord, trusting in His Grace and Love.

I desire to be ordained/received into the sacred, permanent, dedicated ministry of the Gospel of Jesus Christ in His one, holy, catholic, and apostolic Church.

I promise to be loyal to the Ecumenical Catholic Church, to its primate, and the bishops and other leaders into whose care I may be given.

Verification, Authorization, and Commitment

I certify that all information contained in this application and its supplemental materials is true and correct.

I authorize the Ecumenical Catholic Church to investigate my personal background and credit, criminal, employment, and other records.

If requested, I agree to undergo a psychological evaluation for suitability for priesthood and/or pastoral ministry at my own expense.

If requested, I will obtain a letter of good conduct from a local law enforcement agency.

I authorize any minister, church, employer, government or law enforcement agency, credit or financial institution, psychologist, psychiatrist, therapist, or other person, organization, or institution to discuss my background and qualifications as related to the ordained ministry and/or to provide copies of or access to records and files related to me.

I agree to support the Ecumenical Catholic Church through my time, talents, and financial gifts to the best of my ability.

I understand that the commitment of ordination is life-long in nature. I believe I am qualified and capable of making such a commitment to God and to the Ecumenical Catholic Church.

Signed: _____

Date: _____ Place: _____

Witness: _____

Return the original of this form and supplemental material to the following address. If you have not already received copies of the Canon Law and Doctrinal Statements, the *Holy Eucharist and Sacramental Rites* (our Prayer Book), and *History of the Ecumenical Catholic Church* they can be downloaded from our website: www.ecchurch.net.

Office of the Archbishop
Bishop David John Kalke
José Natividad Macías 1298
Frac. 18 de marzo, C.P. 44960
Guadalajara, Jalisco, MX
Teléfono: (52) 33 3144 6704
Correo electrónico: david.john@ecchurch.net

Do NOT feel that you must return the package 100% complete. For example, you do not need to hold up your basic application and answers to the questions while you are searching for your baptismal certificate or a college transcript. However, they must ultimately be submitted unless otherwise instructed.