



ORDINATION EXPLORATION PROCESS APPLICATION

Episcopal Diocese of Southern Virginia

_____ I wish to explore ordination to the priesthood.

If you use additional sheets to answer any items, list question first.

Date of Application: _____

Name: _____
Last First Middle Initial (Maiden name)

Name by which you wish to be addressed: _____

Address: _____
Street City State Zip Code

Home Tel: (____) ____ - ____ **Work Tel:** (____) ____ - ____ **Cell Phone:** (____) ____ - ____

Email Address: _____

DOB: Month ____ Day ____ Year _____

Gender: (F) ____ (M) ____

Name of College/ University/Grad School	Year(s) Enrolled From --- To	Grade Average	Degree Obtained	Major
--	---------------------------------	------------------	--------------------	-------

a. _____

b. _____

c. _____

Work History: Please attach resume.

Please tell us about any hobbies, interests or volunteer activities.

Nominating Parish/Community: _____

Date you joined nominating parish/community: _____

How long have you been a resident of the Diocese of Southern Virginia? _____

Current Priest, Chaplain, or Dean: _____

Evidence of Baptism: Date _____ **Church/Location/Denomination** _____

Evidence of Confirmation/Reception: Date _____ **Church/Location** _____

Have you ever been a member of another religious denomination? Please briefly state which and how long.

Have you applied to the ordination process for the diaconate or priesthood in this or any other diocese or denomination in the past? If so, please explain, providing date, location and details.

Marital Status: ___ single ___ married ___ divorced ___ separated ___ widowed ___ partnered

Number/marriages: ___ **Length of present marriage in years:** ___

If divorced, what was the date (MM/YYYY) of the divorce decree: _____

Current Spouse/Partner Name: _____

Spouse's/Partner's Religious Affiliation: _____

Children: Give the name, age, and gender of each child.

I GIVE MY FULL PERMISSION FOR ALL THE OEP APPLICATION MATERIALS AND INFORMATION TO BE SHARED WITH PARISH LAY COMMITTEES, SUPERVISING RECTOR/VICAR, MY BISHOP, THE COMMISSION ON MINISTRY AND OTHER PERSONS AS DEEMED NECESSARY.

Date _____ **Signed** _____

Episcopal Diocese of Southern Virginia

Ordination Exploration Process

- **All information must be submitted electronically to sallen@diosova.org.**
All forms must be sent at the same time via email. Incomplete applications will not be accepted.
- **Note that if there are criminal or morally scandalous events in your past, including but not limited to allegations of sexual misconduct, or charges or convictions of a felony or misdemeanor; BEFORE submitting an application, please discuss these matters with the Director of Vocational Ministries.**
- **Additionally, please be advised that future acceptance into the Ordination Exploration Process is not a guarantee of advancement to the next stage in the exploration process or of being admitted to the ordination process, or of being ordained.**
- **This completed form and all supporting materials are due in to the diocesan office by December 31st.**