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## ORTHODOX CHURCH in AMERICA

## Diaconal Vocations Program Admittance Application



## I. GENERAL INFORMATION

Name			
LAST	FIRST: BAPTI	ZED (GIVEN)	MIDDLE
Address			
City	State/Pro	vince	_Zip/Postal Code
Phone	E-mail		
Citizenship	If naturalized USA or Ca	anadian citizen, <sub>l</sub>	please give date and court of
naturalization			
Birth Certificate Baptismal Certificate Chrismation Certificate from baptism) A list of parish memb pastors throughout yo of membership and na	te (if different/separate erships and parish ur lifetime with dates	Marriage Wife's B Children Military Certificat from non Resume of	Certificate aptismal Certificate (if married) 's Baptismal Certificates Discharge (if applicable) tes of Ordinations (if applicable, -Orthodox denominations) of work experience (minimum last ) If health examination completed
Sealed records/transcr graduate education	ipts of college and		e last year signed by your doctor

Please have the following letters of recommendation included in this application or sent in separately:

Your parish priest

Your father confessor (if different from your parish priest)

Your immediate past parish pastor (if your present parish membership is less than three years)

A layperson within your present parish

One other person of your choosing who has known you for more than five years

(Optional) A person within another non-Orthodox church to which you have belonged

Please include a brief personal history of your life within the Church. In particular, describe what leads you now to apply to the DVP and any aspirations you may have for an eventual vocation or ordination within the Church.

II. EDUC	ATION			
	SCHOOL NAME:	Y	EARS ATTENDED	DEGREE RECEIVED
Undergraduate				
Undergraduate				
V. HEAL  Do you have any ph	.TH  ysical disability or illne	ss which might preven	t you from working or	fulfilling your diaconal
•	surch? Yes No If	• 1	•	8,7
Are you currently ta	king medications regula	arly? Yes No If	"Yes", please name the	medication(s)
•	ry of chemical abuse? Y			
Do you nave a nisto	ry of psychological/mer	itai iliness? Yes No	if "Yes", please des	scribe on a separate page
III. MAR	ITAL STATUS			
Married	CELIBATE	DIVORCED	Widowed	Monastic
If married, is you're	your first marriage? Ye	es No		
Have you ever contr	racted a civil marriage?	Yes No If "Yes"	', explain below:	
If divorced, explain:				
Wife's name		Is this her first	marriage? Yes No	If "No", explain below:
XXX: C 1 1 1 1 1		Dlage		

IV. MILIT	ARY STATUS	
Have you ever served	in the Armed Forces? Yes No	
Present classification		
Country	Branch	Years
Rank	Disc	charged
VI. EMPL	OYMENT AND PERSON	IAL HISTORY
<b>NB:</b> The resume incluassociations you have		o note any and all professional certifications and
If "Yes", list the natur		ed into court as a defendant in a proceeding? Yes No time and location of the court or place of hearing, and the parate page.
Have you ever failed	a criminal background check? Yes	No If "Yes", explain on a separate page.
Are you now, or ever separate page.	been, a member of any Masonic or	secret organization? Yes No If "Yes", explain on a
VII. ECCL	ESIASTICAL HISTORY	
If you have been orda blanks below.	ined to any type of clerical orders (	priest, pastor, minister, etc.) please fill in the appropriate
Diaconate (date)	/Place	
Bishop / Superior		
Assignment		
Priesthood / Pastor (d	ate) / / Place	
	,	
	)	

Have you ever been deposed from clerical orders? Yes No If "Yes", explain on a separate page

Have you ever been suspended from clerical orders? Yes No If "Yes", explain on a separate page

Have you ever neid any off	fices (including teaching position	ons) within the Church? Yes No
Office	Date	Place
What position(s) do you pr	esently hold within your parish	n?
VIII. ADDITIC	NAL UNDERSTAND	INGS AND AGREEMENTS
I will eventually be ordained		luation from the DVP in no way implies or guarantees that Church in America. The discretion to ordain lies solely
Yo	our signature:	
parish or that I will always	remain assigned to my present	here is no guarantee that I will be assigned to my present parish. My well-being, the well-being of my parish, we elsewhere. The responsibility to assign clergy rests
Yo	our signature:	
		con in the Orthodox Church precludes the possibility of
Yo	our signature:	
subsequent ordination to the formation and ministry, and	e Priesthood. My education ard if I desire Priestly ordination.	arough the DVP Program, I may not be eligible for and training may not be considered adequate for Priestly I must apply to an Orthodox seminary or reapply to the ordination as my hierarch instructs me to do.
Yo	our signature:	
	ring my services to the Church	sh of the Orthodox Church in America may not be a paid and to my local parish <i>gratis</i> . I am not seeking ordination
Yo	our signature:	

No If "Yes", please explain

Have you ever transferred from one jurisdiction/denomination to another? Yes

the circumstances and reasons for each transfer on a separate page.

I understand and accept that, if I petition the Bishop for ordination, I will be expected to submit to and abide by all
the "Policies, Standards, and Procedures of the Orthodox Church in America on Sexual Misconduct." I shall be
expected to review the document, provide personal character references, submit to a criminal background check,
and fulfill any other requirements as may be deemed appropriate to meet the mandate of the "Policies, Standards,
and Procedures."
Your signature:

There is a one time *non-refundable* registration fee of \$300.00 required to enter the program. This should be submitted, along with the completed application, to the Director in the form of a check or money order may payable to *The Orthodox Church in America*.

Your Priest's signature:

I certify that all the information submitted in this application is true and correct to the best of my knowledge.

Signa	ture	 	 	
Date				

→ Please return this application and all required and requested documents – and direct any and all questions regarding this application or the documents required – to:

Diaconal Vocations Program
The Orthodox Church in America
P.O. Box 31409
Alexandria VA 22310-9998
dvp@oca.org