

**VOCATIONAL DISCERNMENT PROCESS APPLICATION
EPISCOPAL DIOCESE OF ATLANTA**

FULL NAME _____

Address _____ Home Phone _____

City, State, Zip Code _____

Business Name _____ Business Phone _____

Address _____

City, State, Zip Code _____

Email Address _____ Cell Phone _____

Your Birth Date _____ Married _____ Single _____ M _____ F _____

If married, Spouse's Name _____ Spouse's Birth Date: _____

If Dependents, Name(s), Age(s) _____

Level of education attained, with degrees earned and areas of specialization _____

Parish Church _____ Rector _____

Length of time in parish _____ Length of time in this Diocese _____

Baptism (date/church/denomination) _____

Confirmation/Received (date/church/Bishop) _____

Are you now ordained? _____ In what church _____ Date _____ By Whom _____

Have you ever participated in a Vocational Discernment process before? _____

If so, where and when _____

What was the result? _____

Ministry Statement: Describe your decision to seek the ordained ministry, with specific references to the following questions. Please attach it to this application (no more than three pages).

- When did you first decide to seek ordination, and why?
- Under what a circumstance was your decision tested?
- Who are the individuals who influenced you?
- What are the needs of the Church as you see them?
- What do you hope to contribute?
- What alternative callings have you considered?
- Why do you seek the priesthood rather than another vocation?

I accept the nomination of the vestry and Rector of _____ parish for participation in this process.

Signed _____, Nominee Date _____

RETURN TO: leasha Barrow Cornelius, Episcopal Diocese of Atlanta, 2744 Peachtree Rd., NW, Atlanta, GA 30305

Application must be submitted VIA HARD COPY with Waiver & Release forms, Resume and Photo & copies of baptism and confirmation record.