



THE EPISCOPAL DIOCESE OF EAST TENNESSEE

Reconciling All Things in Christ

Clergy Sponsor Referral Form

Information

Date of Application: _____/_____/_____

Date of Meeting with Bishop: _____/_____/_____

Full Name of Seeker: _____

Present Parish: _____

Seeker's Confirmation Date/Length of Time Confirmed: _____

Communicant in good standing? Yes No

Length of time you have known seeker: _____

Date of discernment day attended/planning to attend: _____

(continued on next page)



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Questions

On an attached sheet, please respond to the questions below, noting the question by number:

- 1. In what way(s) and for how long have you associated with the seeker?
2. When did you first meet together for the purpose of discussing the seeker's sense of call to Holy Orders?
3. Give the seeker's past and present involvement in the Church.
4. What strengths, weaknesses, and growing edges do you identify in this seeker?
5. Does the seeker (and spouse/partner) understand that a background check will be required?
6. Does the seeker understand that if the bishop recommends that he or she continue in this process, the seeker will be required to undergo physical and psychological examinations by a physician and psychological professional selected by the bishop's office?
7. If the seeker is married, partnered, or engaged, in your opinion, how supportive is the spouse or partner?
8. How confident are you that this seeker possesses the education, stability, gifts, and experience needed to undertake seminary life/further formation for Holy Orders?
9. How confident are you that your parish can (1) contribute financially to the seeker's formation in the form of a minimum of \$100 per month and (2) involve itself in the seeker's preparation for Holy Orders?
10. Do you recommend that we proceed to consider this seeker's application for postulancy at this time?

Application

Rector's Signature & Date

Signature: _____ Date (mm/dd/yyyy): _____ / _____ / _____