# **Application for Ordination Discernment Retreat**

**Date:** Click here to enter text.

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**Phone number(s):** Click here to enter text.

**Email:** Click here to enter text.

Having met the following requirements as indicated, I now apply for permission to attend an upcoming Ordination Discernment Retreat of the Episcopal Diocese of Central New York.

*Please supply dates of completion for the following:*

Click here to enter a date. Diocesan Discernment Team recommendation

Click here to enter a date. Nomination by faith community and clergy

Click here to enter a date. Acceptance of nomination

Click here to enter a date. Life history questionnaire

Click here to enter a date. Behavior screening questionnaire

Click here to enter a date. Medical examination

Click here to enter a date. Psychological evaluation