

2007-08
DYVE
Discerning Young Vocations Experience
APPLICATION

Name _____ Age _____ Birthdate _____
Last First Middle

College or University _____

Year in school or graduation date _____

Major _____ Minor _____

Campus Address (if applicable) _____

Permanent Address (if different from campus address)

Phone _____ E-mail _____

Date of Baptism _____ Date of Confirmation _____

Current Parish or Campus Ministry _____

Rector or Chaplain _____ Phone _____

If employed, where _____ Job title _____

Work schedule _____

Please make the following arrangements:

1. Contact Ms. Ieasha Barrow at the Episcopal Center, Diocese of Atlanta, 800-537-6743 or 404-601-5347, to schedule a preliminary psychological interview, which is part of the canonical requirements for those being considered for ordination.
2. Please arrange to have a current or final college/university transcript sent directly to the contact above.

Please answer the following questions:

1. Describe your experience in the Episcopal Church, including in your parish and/or campus ministry (e.g. Christian education, and activities, ministries, youth groups, camp, etc.)
2. Describe a priest who has been influential in your life.
3. Describe your understanding of the ordained ministry.
4. Tell us about your sense of being called to ordained ministry.
5. What would you like for us to know about you?
6. What is going on in your life in the way of major events and/or issues?
7. Do you have any psychological or psychiatric problems either currently or in the past?
8. What is the most important feature of your spiritual life at this point in time?
9. What are your concerns about the future of The Episcopal Church?
10. Tell us about concerns you may have concerning this group process.

NOTE: There are three (3) recommendation forms included with this application. If you do not have a rector, you may submit that application to your campus chaplain. **All recommendations sent to us are confidential and will not be provided to you.** Please distribute them to the appropriate persons and check to see that they are sent in on your behalf. Send your application to the Ms. Ieasha Barrow at the address provided above.

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**RECTOR OR CAMPUS CHAPLAIN
CONFIDENTIAL RECOMMENDATION**

The person whose name appears below has applied to be a participant in the DYVE Program in the Diocese of Atlanta. Please fill out the following recommendation and return it as soon as possible to the address given at the bottom of the page. **This recommendation will be kept confidential and will not be provided to the applicant.** If you have any questions, please call. Thank you for your help.

Name of applicant _____

Your Name _____

Parish and Address _____

_____ Phone _____

How long and how well have you known the applicant?

How active has this person been in the church?

What qualities does he or she possess for ministry?

What are his or her strengths or weaknesses?

Do you recommend this person to participate in the DYVE Program? _____

Would you support her or him for Postulancy? _____

Please return to:
Ms. Ieasha Barrow
The Episcopal Center
2744 Peachtree Road NW
Atlanta, GA 30305
ibarrow@episcopalatlanta.org

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**PROFESSIONAL OR ACADEMIC
CONFIDENTIAL RECOMMENDATION**

The person named below has applied to participate in the DYVE Program of the Diocese of Atlanta and is asking for your recommendation. **This recommendation will be kept confidential and will not be provided to the applicant.** Please fill out this form and return it to the address listed at the bottom of the page. If you have any questions, feel free to call. Thank you for your help.

Name of applicant _____

Your Name _____ Phone _____

Firm or University _____ Position _____

Address _____

How long have you know the applicant?

How active has this person been in your campus ministry or parish?

What qualities does he or she possess for ministry?

What are his strengths or weaknesses?

Do you recommend this person to participate in the DYVE Program?

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The Episcopal Center
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Atlanta, GA 30305
ibarrow@episcopalatlanta.org

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**CONFIDENTIAL
PERSONAL RECOMMENDATION**

The person named below has applied to participate in the DYVE Program of the Diocese of Atlanta, the purpose of which is to aid in the discerning of the priesthood in the Episcopal Church as a vocation. Your input as to this person's character and abilities will be valuable to the leadership team. **This recommendation will be kept confidential and will not be provided to the applicant.** Please fill out this form and return it to the address at the bottom of the page. If you have any questions, please feel free to call.

Name of applicant _____

Your name _____

Address _____ Phone _____

Your relationship to the applicant _____

How long and how well have you known the applicant?

What special qualities does he or she have that may be related to a vocation in the ordained ministry?

What are his or her strengths and weaknesses?

Do you recommend this person to participate in the DYVE Program?

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