



The Episcopal Diocese Of Western New York

Commission on Ministry Explorer's Information Form

PERSONAL

Full Name of Explorer: _____

Mailing Address: _____

Cell Phone: _____

Email Address: _____

Gender: _____ Identification/Pronouns: _____

Birthday: _____ Location (city, state): _____

Communicant of (parish/worshiping community name, city): _____

Length of Time: _____

Resident of WNY Since: _____

Baptism Date: _____

Baptism by (clergy name): _____

Location: _____

Confirmation Date: _____

Confirmation by (clergy name): _____

Location: _____

Previous Application for Postulancy? (yes/no): _____ Date: _____

Location, & Result: _____

EDUCATION

Current Enrollment

Institution Name

--

Subject of Study

Enrolled Since

--	--

Previous College/University

Institution Name

--

Degree Earned/Major Subject

Dates Attended

--	--

Institution Name

--

Degree Earned/Major Subject

Dates Attended

--	--

Institution Name

--

Degree Earned/Major Subject

Dates Attended

--	--

High School

Institution Name

--

Diploma or GED

Dates Attended

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EMPLOYMENT

Current Employment

Employer (Current)	Dates Employed	Types of Work/Position
What You Like Best	What You Like Least	

Previous Employment

Employer	Dates Employed	Types of Work/Position
What You Liked Best	What You Liked Least	

Reason for Leaving

Employer	Dates Employed	Types of Work/Position
What You Liked Best	What You Liked Least	

Reason for Leaving

Employer	Dates Employed	Types of Work/Position
What You Liked Best	What You Liked Least	

Reason for Leaving

FAMILY

Current Status (select one): Single _____ Married _____ Partnered _____ Engaged _____
Separated _____ Divorced _____ Widowed _____

To/From Whom: _____

Gender/Pronoun: _____

Length or Date: _____

Previously Married/Partnered? _____

Spouse/Partner's Feelings Regarding Application/Call/Intent (brief statement when applicable)

Children

Name	Birth Date (mm/dd/yyyy)	Vocation	Gender/Pronoun

Parents

Name	Residence (City, State)	Vocation	Religious Affiliation

Children's and/or Parent's Feelings Regarding Application/Call/Intent (brief statement when applicable)

SPIRITUAL AUTOBIOGRAPHY & PHOTO

- 1) Attach a brief spiritual autobiography exploring how significant life events, relationships, and places have influenced one’s relationship with God and call to ministry.
- 2) Attach a recent photograph of only yourself.

SIGNATURE of EXPLORER

Signature: _____

Date: _____

PLEASE SUBMIT THIS COMPLETED FORM AND 2 ATTACHMENTS TO:

The Rt. Rev. Stephen T. Lane
Diocese of WNY
1064 Brighton Rd
Tonawanda, NY 14150

OR email to:

blane@episcopalwny.org and sslother@episcopalwny.org