



APPLICATION FOR TRANSFER INTO THE ANGLICAN DIOCESE OF THE GREAT LAKES -ANGLICAN CHURCH OF NORTH AMERICA-

Clergy already ordained in the Anglican Church in North America or GAFCON churches will follow the transfer / reception track described in this customary. After letters are received, ADGL needs to confirm a place of ministry within the diocese, as well as an affinity with our focus and mission.

FOR ANGLICAN CLERGY SEEKING RECEPTION

The Bishop of the Anglican Diocese of the Great Lakes may receive the transfer of duly ordained clergy from another ACNA diocese or receive the orders of clergy from another Anglican jurisdiction. Upon examination of orders, he may also receive ministers who were ordained in historic succession, but are not currently resident in an Anglican jurisdiction.

BEFORE CONSIDERING RECEPTION

The Canon to the Ordinary will set up a meeting with Bishop or Bishop's representatives such as Archdeacons. Please contact him and begin a process of discussion and relationship building. This will also include conversations about your ministry, your relationship with your current Bishop and Jurisdiction, and reasons for considering a transfer.

RECEPTION PROCESS

- Meet with ADGL Bishop
- Ministry application (see below)
 - CV or resume
 - Seminary transcripts
 - Describe God's Call on your life
 - Spiritual Autobiography
- Request a letter of Good Standing and Transfer from your current Bishop
- Copies of Deacon and /or Priest ordination certificates
- Complete our background process
 - Complete an Oxford Background check unless proof of completion within 5 years is attainable
 - Complete Ministry Safe Background Check
- Completion of Ministry Safe Training
- Completion of Guard Your Hearts Training with subsequent submission of Certificate of Completion
- Submission of signed ADGL Sexual Abuse Prevention Policy endorsement
<https://www.adglresources.com/diocesan-documents.html>
- Completion of Brotherhood Sexual Harassment Prevention Training with subsequent submission of signed Certificate of Completion <https://www.adglresources.com/diocesan-documents.html>
- Submission of signed ADGL Sexual Harassment Prevention endorsement
- Approval by the ADGL Bishop – Public presentation of Oath of Conformity



APPLICATION INTO THE ANGLICAN DIOCESE OF THE GREAT LAKES

1. PRINT Name: _____
(First, Middle, Last)
2. PRINT Spouse's Name: (if applicable) _____
3. Social Security Number: _____
4. Parish _____
5. Telephone _____
(Home) (Business)
6. E-mail _____
7. Present Address _____
(Street, City, State, Zip)
8. Permanent Home Address (if different from above)

(Street City State Zip)
9. Birth Date _____
(Month, Day, Year)
10. Birthplace _____
(Country, State, County)
11. US Residence status _____
12. Baptism _____ Please submit a copy of certificate
(Date, Church, City)
13. Confirmation _____ Please submit a copy of certificate
(Date, Church, City)
14. Confirmed By: _____
(Bishop, Diocese, Province)
15. Current Parish or Mission _____

16. Current Position:

- Permanent Deacon
- Transitional Deacon (to prepare for the priesthood)
- Priest/Presbyter

17. Are you currently enrolled in an educational institution?

Yes, full time _____ Yes, part time _____ No _____

18. Name and Address of Educational Institution: _____

19. Give the following on each college or university attended, including course of study if currently enrolled:

Name of College or University Location	Degree or Diploma	Grade Average (Letter)	Major	Subject

20. Please submit the following:

- Curriculum Vitae or other documentation which might be helpful to the Bishop to know more about you and your ministry
- Letter of Transfer from your current Bishop stating that you are a clergy in good standing and have his blessing to transfer
- Copies of your ordination certificate(s). A picture of them emailed to the office is acceptable
- A copy of your Seminary transcripts. Non-official copies are acceptable
- An autobiography of your spiritual journey
- Describe God’s call on your life
- Complete, sign and return the attached Authorization to Release Information for Background Check

(Signature)

(Date)

* Submit all documents to the ADGL diocesan office att: Canon Andrea Orchard

**** Contact Canon Andrea Orchard regarding Ministry Safe Training, Guarding Our Hearts Training and Background Check**

*Canon Andrea Orchard aorchard@adgl.us 234-466-0426
Anglican Diocese of the Great Lakes 810 S. Main St #393, Akron, OH 44203*

I hereby authorize **The Anglican Diocese of the Great Lakes** (hereafter referred to as "Client") and or its agent, including but not limited to Ministry Safe (hereafter referred to as "consumer reporting agency"), to investigate my background now and at any time in the future during my employment with the Company.

I understand that the consumer reporting agency will conduct investigations to obtain information as deemed necessary in connection with my employment with the Company. The information obtained may include investigation into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation.

I understand that any direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies may be made, and that personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be held to obtain such information.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. I hereby agree to submit to a background investigation, any post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, the entity arranging for the lab test, and or the Company to release any results to parties who have a "need to know" such results. A photographic or faxed copy of this form shall be as valid as the original.

I forever release and discharge Company, consumer reporting agency including but not limited to Ministry Safe, their respective officers, directors, employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities and expenses arising out of the gathering and reporting of information about me.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The contact phone number of Ministry Safe is 817-737-7233.

PLEASE FILL IN EACH BLANK SPACE

Name:	Phone:
Former Name:	SSN#:
Current Address:	Former Address:
City:	City:
State:	State:
Zip:	Zip:
County:	County:
Length of Residence: _____ years _____ months	Length of Residence: _____ years _____ months
Driver's License State:	Driver's License #:
Date of birth (mm/dd/yyyy):	Email Address:
May we contact your current employer? _____ yes _____ no	<p>Have you ever been convicted of a crime? _____ yes _____ no</p> <p>If yes, approx. date: _____</p> <p>City: _____ State: _____</p>

In addition to authorizing background investigations as deemed necessary by Company, I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization or in any prior communication to the Company will be sufficient cause for my dismissal.

DATE: _____ SIGNATURE: _____

The Anglican Diocese of the Great Lakes is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, **The Anglican Diocese of the Great Lakes** does not discriminate against qualified individuals with disabilities.