



ACTS

Anglican Catechist Training School
Diocese of San Joaquin



APPLICATION FOR ADMISSION FOR YEAR 1

DUE July 30, 2021

EARLY REGISTRATION SPECIAL = \$175: Return completed application by July 16, 2021

Regular Registration Rate = \$200

(Choose all that apply) I want to: teach catechism; be better prepared to do ministry;
 disciple others; grow spiritually

Application Requirement for Seeking Licensing:

1. Completed Application which includes the following . . .
2. Discernment with Clergy, who is over your congregation.
3. Completed Clergy Recommendation Form—Due the same date this application is due.
4. Completed background check—by application submission date. Call Diocesan office for where to obtain a background check.

FULL NAME: _____

Address: _____
Street Address (P.O. Box) City State Zip Code

Phone: Home _____ Work _____ Cell _____

Email _____ Date of Birth _____ Gender _____

Name of Congregation: _____ Communicant in this parish since _____

Have you met and discerned with your clergy your call to catechetical or other ministry? If so, when was this meeting? _____

BAPTISM

Church: _____ City/State: _____ Date: _____

By _____

CONFIRMATION

Church: _____ City/State: _____ Date: _____

By _____

FAMILY

Marital Status (S) _____ (D) _____ (W) _____ (M) _____

Spouse's Name: _____ Date of Marriage: _____

Children's Names and Ages: _____

PERSONAL

Hobbies and Interests: _____

Organizations, societies, fraternal orders, etc. in which you participate or have participated:

Occupation: _____ How long: _____

Brief Work History: _____

EDUCATION

Academic institutions attended with diplomas, degrees or certificates:

NAME OF INSTITUTION

DIPLOMAS, DEGREES or CERTIFICATES

NAME OF INSTITUTION	DIPLOMAS, DEGREES or CERTIFICATES
_____	_____
_____	_____
_____	_____
_____	_____

Answer the following questions in a separate document and attach to this application. (Typed answers are preferable.)

1. Give a brief account of your testimony and history of your spiritual development (approximately 1000 words).
2. How do you view the authority of Scripture?
3. Describe your major strengths and how they have helped you in your life and in your vocation?
4. Describe your weaknesses and how they have hindered you interpersonally and in your vocation.
5. Describe what you believe to be your spiritual gifts.
6. Describe your vision for ministry. Why would you like to be a catechist if that is one of your goals?

In order to complete this application, the applicant needs to complete a background check. Contact Diocesan Administrator at 559-244-4828 or go to <https://oag.ca.gov/fingerprints/locations>.

Signature of Applicant: _____ Date: _____

Please return completed application (including background check and clergy recommendation) and \$200 to the Anglican Diocese of San Joaquin office *no later than* July 30, 2021!

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Beth Conkle, ACTS, 5455 N. Marty Ave. #119, Fresno, CA 93711; 559-455-7346
As part of the application process for the Anglican Catechist Training School, the applicant and his/her clergy (who is over the Congregation) meet to discern applicant's calling to the ministry of a Catechist or other lay ministry. Clergy must then complete this form and return this to Beth Conkle **no later than July 30, 2021.**

Clergy Recommendation

1. How long have you known the applicant and in what capacity? _____

2. How long has the applicant been attending your church? _____
3. What do you discern this person's spiritual gifts are? _____

4. In what capacities does this person minister within your congregation at present?

5. What strengths does this person possess? _____

6. What are some areas in which this person needs to grow and mature? _____

7. Is this person one who you would entrust to a teaching ministry such as youth or adult catechism? If not, what would this person need in order to be equipped and prepared for such a ministry?

8. Are you willing to mentor or have another clergy or lay leader in your church mentor this person in order to prepare s/he for a catechetical or other ministry? Yes _____ No _____

If not, why not? _____

Name and contact of clergy or lay leader who will be assigned to mentor the applicant:

NAME: _____

Address: _____
Street Address (P.O. Box) City State Zip Code

Phone: Work _____ Cell _____

Email _____

Name of Congregation: _____ Role: _____
Rural Dean, Rector, Deacon, lay leader

The applicant has met with me on _____, and, thus, I recommend this person for participation in ACTS. Yes _____ No _____

Signature of Clergy Date

Return this form to Beth Conkle at 5455 N. Marty Ave. #119, Fresno, CA 93711 no later than July 30, 2021! You may also email a PDF of this form to eaconkle.acts@gmail.com.