

APPLICATION
Licensed Ministry in the Diocese of Newark

Pastoral Leader

To the Bishop of Newark: In compliance with Title III, Canon 4, Of Licensed Ministries, I hereby submit my application, duly approved by my clergy-in-charge or warden to be licensed as a Pastoral Leader.

Applicants must have completed the Safe Church, Safe Community training required for this role within the last five (5) years. Please include certification of completion for this training or contact Randy Johnson to arrange online training.

PLEASE COMPLETE THE FOLLOWING INFORMATION: (print or type)

1. Full name (including title): _____

Complete Address: _____

Congregation: _____

Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Phone (Home): _____ (Cell): _____ E-mail: _____
2. I have been a member of this congregation since: _____

I was baptized in: Church: _____ City/State: _____
3. I was confirmed in (Church denomination and name): _____

_____ on (date): _____

by The Right Rev. _____, Diocese of _____
4. I have received training in this work, as follows:
If the training was through the diocesan School for Ministry, put "School for Ministry" as the trainer.

☐ I have completed Worship Leader Training. Trainer: _____ Date: _____
and
☐ I have completed Preacher Training. Trainer: _____ Date: _____
and
☐ I have completed specific Pastoral Leader Training. Trainer: _____ Date: _____
or
☐ Previous theological education (M.Div. or equivalent) and clinical training. Include transcripts for review.

(continued on next page)

Other information regarding training: _____

5. ☐ I have completed the required Background Check.

Office use only: Background Check received and reviewed (date) _____

6. Date of Application: _____ Signature of Applicant: _____

7. Endorsement by clergy-in-charge or warden:

I testify to my belief (based on personal knowledge or evidence satisfactory to me) that this applicant for Licensed Ministry qualifies for the office(s) under the requirements of Title III, Canon 4 and I hereby request such licensing and recommend the candidate to the Bishop for favorable action.

Signature: _____

Date: _____

Printed Name: _____

Role: _____

Congregation: _____

City: _____

(Term of licenses is for a three-year period, unless otherwise stated.)

Episcopal Diocese of Newark 03/2025