

**APPLICATION**

**Roman Catholic Womenpriests-USA, Inc.**

There are **three** parts to the initial Application Process. See Directions at the end of this Application.

After these steps have been completed you will be helped through the additional steps of the application process by the Preparation Program team before you are admitted as a Candidate.

**Full Name** (first, middle, last)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I need to be Catacomb (confidential)—My Catacomb Name and email are:**

**CATACOMB NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CATACOMB EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(I understand that as a catacomb applicant my personal information will be kept confidential and my catacomb name and email will be used during my preparation program until I indicate differently.)*

**Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regional Affiliation\_\_\_\_East\_\_\_West\_\_\_Midwest\_\_\_Great Waters\_\_\_South**

**Required Releases (please initial)**

I understand that my affiliation with Roman Catholic Womenpriests-USA, Inc. may put me at risk with any affiliation I may have with a Roman Catholic diocese. \_\_\_\_\_\_\_

I understand that my individual ministries are separate and independent of RCWP-USA, Inc. and that Roman Catholic Womenpriests-USA, Inc. disclaims any responsibility for the operation or oversight of my ministries. \_\_\_\_\_\_\_

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**Required Releases Cont.**

I give my permission to Roman Catholic Womenpriests-USA, Inc. to release all of the above

personal information to the RCWP-USA leadership and the Preparation Program team members for their use in the day-to-day operations of RCWP-USA, Inc. (Catacomb Candidates: If a pseudonym (catacomb name) is used, my official name will be held in confidence.) \_\_\_\_\_\_\_\_

I understand that my Program of Preparation is a discernment process for me and for the RCWP-USA regional leadership in order to determine my suitability and readiness for ordination. I

further understand that at no time am I guaranteed ordination to the Roman Catholic diaconate

and/or priesthood by RCWP-USA bishops. \_\_\_\_\_\_\_

I consent to the exchange of information provided by all persons, institutions, licensing agencies, federal and state governmental bodies with which I have been associated that are material to evaluating and monitoring my professional practices, qualifications, competencies, ethics and morality. I further understand that such information may be shared with my RCWP Regional Preparation Program Team, and if deemed necessary, exchanged with other representatives of RCWP-USA, Inc., including its Board of Directors. I also understand that RCWP-USA, Inc. will rely upon all information collected during my application process, as well as the units of study completed during my Program of Preparation and Discernment to assess my readiness for ordination, both to the diaconate and to the priesthood.\_\_\_\_\_\_\_\_

**Please answer Yes or No to the following questions:**

1. Have you ever been convicted of or charged with a crime (other than a misdemeanor or minor traffic infraction) in any state or country, the disposition of which was other than acquittal or dismissal? Yes\_\_\_\_\_ No\_\_\_\_
2. Has any certifying or licensing board or professional ethics body in any state or country ever required you to surrender your license or certificate or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence (including alternative dispute resolution cases)? Yes\_\_\_\_\_ No\_\_\_\_
3. Are there any complaints, charges or investigations by any certifying or licensing board or professional ethics body pending against you in any state or country for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence (including alternative dispute resolution cases)? Yes\_\_\_\_\_ No\_\_\_\_
4. Have you ever had any insurance company decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? Yes\_\_\_\_\_ No\_\_\_\_
5. Has any professional liability claim or suit ever been made against you (including alternative dispute resolution cases)? Yes\_\_\_\_\_ No\_\_\_\_

6. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you (including alternative dispute resolution cases)? Yes\_\_\_\_\_ No\_\_\_\_

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7. Have you ever been accused of sexual misconduct or sexual abuse with any minor child or your current or former clients, including but not limited to, spiritual direction clients, mental health clients, or any other persons with whom you have had a professional, pastoral or other similar relationship of confidence and trust, or with any current or former client’s spouse or with any person in a close personal relationship to the client or former client (for example, a guardian, blood relative or the client or spouse of any person sharing the client's domicile)? *For purposes of this inquiry, “client” shall include, but is not limited to, persons with whom you have or have had, at any time, any professional, or any other pastoral relationship.*
Yes\_\_\_\_\_ No\_\_\_\_

**If you have answered yes to any of the above questions, please attach documentation including the final disposition.**

**RELEASE OF INFORMATION**

Roman Catholic Womenpriests-USA, Inc. neither assumes nor accepts responsibility for the actions and practices, nor for the results there from, of any of its applicants. The applicant hereby represents that to the best of her (his) knowledge the statements set forth herein are true. If the information supplied herein changes at any time the applicant agrees to immediately notify the leadership of RCWP-USA of the changes so that at all times RCWP-USA will have accurate and current information.

I recognize that my initial application to Roman Catholic Womenpriests-USA, Inc. is based on the above representations, and my signature below indicates my understanding of and agreement to the releases and standards stated in this Application.

**I AGREE TO THESE RELEASES**

Name: (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions for Completing the Application**

**Applicant:**

**1. Complete Application and Email to Program Coordinator:**

 Name of PC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name and Email)

**2. Email copy of Application for Master-list to:**

Suz Thiel suzthiel@yahoo.com

**3. Complete Praesidium Authorization/Disclosure form.**

**Mail the form and a non-refundable check (made out to RCWP-USA)**

**in the amount of $75.00 to:**

RCWP-USA

PO Box 26402

St. Louis Park, MN 55426

**Updated 8-6-18**