



Introductory Questionnaire for Holy Cross Monastery

Full Name _____

INTRODUCTION

Before filling out this questionnaire, please know that we offer an invitation to join our monastic order only after an extended period of mutual discernment. In addition, by the time of invitation you must be:

- a. an active member of an Episcopal Church or one in full communion with it,
- b. free of dependents, and
- c. no younger than 25 and no older than 50 years of age.

PERSONAL INFORMATION

Mailing Address _____

Email Address _____

Phone Number (____) _____ - _____

Birth Date (mm/dd/yyyy) _____ Birth Place _____

Nationality _____ Age _____

Date of Confirmation _____ Parish of Confirmation _____

Current Parish _____ Diocese _____

If ordained, date, place, ordaining bishop, and canonical residence _____



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EDUCATION

High School _____ Years Completed _____

College _____ Years Completed _____

Degree _____

Major/Concentration _____

Graduate Work _____ Years Completed _____

Degree(s) _____

Seminary _____ Years Completed _____

Degree(s) _____

WORK EXPERIENCE

Employer _____ Years _____

Type of work _____

Employer _____ Years _____

Type of work _____

Employer _____ Years _____

Type of work _____

Employer _____ Years _____

Type of work _____



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c. Are you currently or will you soon be under any special medical care? Are you disabled in any way? *If YES to either question: Please explain.*

d. Are you currently, or have you ever been under the care of a psychologist or a psychiatrist? *If YES: Please describe the circumstances.*

e. By when would you be able to enter the Novitiate?

PHOTOGRAPH

Please attach a recent photograph.

Return your completed questionnaire to:

**Vocations Minister
Holy Cross Monastery
P.O. Box 99
West Park, NY 12493**

Thank you!