

# Personal Assessment Agreement

I hereby authorized the designated Bishop's Advisory Commission on Ordained Ministry of the Diocese of Florida of the International Communion of the Charismatic Episcopal Church, and it's agents, to review any and all personality profiles, career assessment, psychological or related tests and evaluations which I have completed for the purposes of personal assessment relevant to my application for Holy Orders. I understand that copies and/or results of these appraisals will not be provided to me except at the sole discretion of the Bishop's Advisory Commission on Ordained Ministry. I further consent to any subsequent counseling which the Commission deems appropriate in furtherance of it's assessments and agree to be responsible for any additional costs associated with them.

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Signature

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Name (Printed or typed)

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Date

# Ecclesiastical References

(Three required)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

# Work or Scholarship References

(Three Required)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

# Other Information You Would Like to Have Considered:

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Your signature: \_\_\_\_\_

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

Please Direct all forms to:

The Right Reverend David Simpson

Bishop

6701 S.W. 25th Street

Miramar, Florida 33023

United States of Florida