



# The Episcopal Diocese of Hawai'i

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## Visiting Clergy Program Application

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

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

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

I am a (select one): \_\_\_\_\_ Bishop      \_\_\_\_\_ Priest      \_\_\_\_\_ Deacon

I am canonically Resident in the Diocese of:

\_\_\_\_\_

Requesting permission to serve at (name of church, city, and island):

\_\_\_\_\_

Start date from when permission is sought: \_\_\_\_\_

End date til permission is sought: \_\_\_\_\_

### Contact Information

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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**Employment**

Current Employer, if applicable (if retired, please state "retired"):

Position/Title: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

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

Tel. Number: \_\_\_\_\_

**In Case of Emergency**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

- The Bishop of the Diocese where I am canonically resident will be sending (or has sent) a Letter of Good Standing.
- Certificate of completion for Safeguarding / Safe Church training will be sent (or has been sent).

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Office Use Only</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Letter of Good Standing received</li><li><input type="checkbox"/> Safeguarding/ Safe Church Certificates received</li><li><input type="checkbox"/> Background Check completed</li></ul> <p>Signed: _____ Date: _____</p>
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