

The Wiccan Religious Cooperative of Florida, Inc

Application for Clergy Position

For our records and legal purposes, please supply the following: (print clearly)

Legal Name: _____

Craft / Magickal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Email Address: _____ Phone: _____

U.S. Social Security Number _____ Date of Birth: _____

Marital Status (married, single, separated, divorced, widowed). _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, are you currently on probation or under any restrictive court orders? Yes ___ No ___

By completing this application you agree to a level 1 and/or level 2 background screening as defined in Florida Statutes Chapter 435, F.S.,

Please describe your Path or the basic set of tenets you follow. _____

Your church relationships:

Are you Ordained in any other church? Yes _____ No _____, Date of Ordination _____

In what Church under what Tradition? _____

What is your clergy status (i.e. license, certified, deacon,) _____

Your educational background:

Please list the theological school(s) you have attended or teachers you have studied under and degree(s) you have earned in your spiritual training:

School/ Teacher / Degree _____

Questionnaire

List the services you would be comfortable performing for the community (with tradition)

Service

Tradition

Special skills or areas of study (magical or otherwise): _____

In your own words, explain your concepts of the Wiccan Rede and Law of Threefold Return. Explain how you apply these concepts in your daily life. _____

How will being a member of Clergy benefit you, the Tradition you follow and the community? _____

If a couple asked you to perform a Handfasting for them, list five questions you would ask them.

1. _____
2. _____
3. _____
4. _____
5. _____

I hereby acknowledge that all information provided in my application is current and accurate. I understand that this application in no way represents a legal contract. I trust that all materials submitted will be read and used by the Clergy Committee who will make every effort to keep all information confidential. I authorize WRCF to obtain any records deemed necessary to supplement my application (e.g., references, background check). I also hereby authorize WRCF to publicize my ordination under WRCF if my application is approved. I understand that my ordination is not guaranteed and is subject to verbal/written examination and a vote of the membership.

Date: _____ Signature: _____

Please return this application with 2 letters of reference, a letter of Introduction & Intent directed to the WRCF Membership and a check for \$ 25.00 payable to WRCF (for the background check, non refundable) to:

WRCF Clergy Committee
3208C East Colonial Drive #202
Orlando, Florida 32803