

# Orlando Pagan Collective

## Application for Clergy Position

For our records and legal purposes, please supply the following:

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 <i>(i.e. Handfasting)</i>	Tradition <i>(i.e. Wiccan, Druid)</i>
_____	_____
_____	_____
_____	_____

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 OPC to obtain any records deemed necessary to supplement my application (e.g., references, background check). I also hereby authorize OPC to publicize my ordination under OPC 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 OPC Membership and a check for \$ 25.00 payable to WRCF (for the background check, non refundable) to:

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