

Authorization and Release

for those entering the Diocesan Discernment Process - Diocese of Fredericton
(Authorization to Release Information, Release of Claims and Indemnity
and Hold Harmless Agreement)

Initial the bottom of each page after reading it, and sign where indicated.

Name of Applicant:
Permanent Address of Applicant:
Current Address of Applicant (if different from above):
E-mail:
Telephone Numbers:

Purpose

1. I am voluntarily seeking to become or am currently a postulant for ordination to Holy Orders (referred to herein as my "application") in the Anglican Church of Canada through a process conducted by the Diocese of Fredericton ("Diocese").

Information requested and retained

2. I understand that personal information will be requested and retained by the Diocese for the purpose of the consideration of my application. Information including that contained in the credit check, security check, Medical Declaration and Report and any other documents used for screening purposes will be held on file by the Diocese and kept in confidence except for the necessary release to individuals directly involved in the consideration of my application and designated by the Bishop to do so. All personal information will be retained according to Diocesan privacy policy.

Psychological Assessment

3. I understand that as a part of the Diocese's decision making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or person selected or approved by the Diocese. I understand that the Assessment is only one part of the Diocese's decision making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.

4. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information

about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education and employment. I agree that all information I provide for the Assessment will be true, correct and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

5. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions.

6. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese. I authorize the Bishop or Ecclesiastical Authority to disclose to and discuss the written Assessment report with those involved in the application process. I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop or Ecclesiastical Authority and those involved in the application process.

7. I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the personnel involved in the Assessment or from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.

8. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.

9. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.

10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Related Parties") from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract or otherwise, in law or in equity, arising out of my participation in the Assessment, or use or disclosure of information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Related Parties from liability for willful or intentional acts or punitive damages.

11. I also agree not to sue or make a claim against the Related Parties for injury, damage, or loss of any kind sustained as a result of my participation in the Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Related Parties from all claims, judgments, and costs, including fees for legal counsel, incurred in connection with any such action.

I have carefully read this Authorization and Release and fully understand its contents. I sign it of my own free will. **I understand that I am encouraged to consult with legal counsel of my choice if I have reservations about any of its contents before signing this document.** I acknowledge that I have had the opportunity to ask questions concerning the contents of the Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Related Parties or by any legal counsel of any of the Related Parties. I have initialed each page of this document indicating that I have read and understand each paragraph.

Applicant's Signature	Type or Print Applicant's Name
Signature of Witness	Type or Print Witness's Name

 (Date)

11 April 2006