Statement of Record

THIS FORM MUST BE COMPLETED BY ALL WHO APPLY FOR OR HOLD ECCLESIASTICAL ENDORSEMENT OR RECOGNITION FROM THE CHAPLAINCY OF FULL GOSPEL CHURCHES

	(PLEASE TYPE OR PRINT LEGIBLY)			
	Name			
	Street			
	City	State	Zip	
	Telephone		-	All 0
activities	ou ever been charged s; moved because of, c nisconduct or sexual har	or transferred to an	, investigated other position	for any criminal because of any
(Initial yo	our response)	NO	-	YES**
** If your response is "yes," give a full explanation of the issues on the back of this form or in a letter addressed to this office. Information so shared will be considered sensitive and will be restricted to only those who must know in order to make decisions regarding ecclesiastical coverage through the Chaplaincy of Full Gospel Churches.				
	ication for ecclesiastical essed without this signe			endorsement wil
By my signature, I certify that the above and attached (if applicable) is true and accurate. I understand that falsification of this data in any manner will bring immediate revocation of my endorsement/recognition and/or cessation of the endorsement process. I further understand that if I am ever charged with convicted of, investigated for any criminal activities; moved because of, or transferred to another position because of any sexual misconduct or sexual harassment, that I will immediately (within 72 hours) contact the Chaplaincy of Ful Gospel Churches' home office to report the same, and that failure to do so may bring immediate revocation of my endorsement/recognition.				
Signed:			_ Date:	