

# Statement of Authorization

**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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\* \* \* \* \*

No application for ecclesiastical endorsement, recognition, or re-endorsement will be processed without this signed and dated document.

By my signature, I authorize the Chaplaincy of Full Gospel Churches (CFGC) and their designated investigating agency to conduct a criminal background check on me. I understand that any negative report may result in the cessation of the endorsement process. I further understand and agree that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of alleged criminal and/or sexual misconduct that this document authorizes my employer or volunteer chaplaincy organization to release this information to the Chaplaincy of Full Gospel Churches.

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

I have enclosed a \$100 check to help defray the costs of my criminal background investigation.

*(Initial your response)*

**NO** \_\_\_\_\_  
Page 1 of 2

**YES** \_\_\_\_\_