

# 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 Church.

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

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

I have enclosed a \$175.00 check or money order to help defray the costs of my criminal background investigation.

(Initial your response)      NO \_\_\_\_\_      YES \_\_\_\_\_

# Statement of Authorization

Please list all residences and their timeframes that you have lived for the last 7 years.

Please include (Month, Day, Year) starting with the most recent first.

Address  
(Including city & zip code)

From  
(Month, Day, Year)

To  
(Month, Day, Year)

Address (Including city & zip code)	From (Month, Day, Year)	To (Month, Day, Year)