

STATEMENT OF AUTHORIZATION/RECORD

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

Name

Street

City - State - Zip

Telephone

Social Security Number

Date of Birth

Drivers License # and State of Issue

Social Media Accounts (list all)

Have you ever been 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?
(initial your 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. 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 (CFG) and their designated investigating agency to conduct a criminal background check on me. I understand that any falsification of this data in any manner or a 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 \$125.00 payment to help defray the costs of my criminal background investigation.

(Initial your response) NO _____ YES _____

