



**CHURCH
OF GOD**
MINISTRIES

INSTITUTIONAL CHAPLAINCY STATEMENT OF RECORD

This statement must be completed by all who apply for ecclesiastical endorsement from Church of God Ministries (Anderson, IN) for institutional chaplaincy (Hospital, Hospice, Corrections, Police, Fire, etc.) positions. It must also be completed by any person seeking a letter of endorsement for membership in a professional organization that certifies professional competency in pastoral counseling or care, such as AAPC, APCCA, ACPE, AMHC, AACC.

Name: _____

Address: _____

Phone#: (_____) _____

Have you ever been charged with, accused of, moved because of, or changed employment because of any sexual misconduct or sexual harassment?

(Initial the appropriate space) **NO** _____ **YES** _____ **

*** If you answered yes, give a full explanation of the issue on the back of this form or in an attached letter addressed to the Chaplain Endorser. Information so shared will be considered sensitive and will be restricted to only those who must know in order to make a decision on granting your endorsement from Church of God Ministries.*

No application or request for ecclesiastical endorsement will be processed without this signed and dated document.

By my signature, I certify that the above is true and accurate. I further understand that falsification of this data in any way will bring immediate cessation of my endorsement process or revocation of my endorsement.

Signed: _____ Dated: _____

Mail to: Chaplain Endorser
 Church of God Ministries
 P.O. BOX 2420
 Anderson, IN 46018-2420