



**CHURCH
OF GOD**
MINISTRIES

**MILITARY CHAPLAINCY
STATEMENT OF RECORD**

This statement must be completed and signed by all Military or Veterans Affairs Chaplaincy applicants seeking an ecclesiastical endorsement from Church of God Ministries (Anderson, IN).

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: _____

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