



## Statement of Authorization

THIS FORM MUST BE COMPLETED BY ALL WHO APPLY FOR MEMBERSHIP OR  
RECOGNITION OF TRAINING FROM CHAPLAIN FELLOWSHIP MINISTRIES

(PLEASE TYPE OR PRINT LEGIBLY )

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Driver License Number

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

**NOTE:** No application for membership will be processed without this signed and dated document.

By my signature below, I agree and authorize Chaplain Fellowship Ministries International Inc, (CFMI) and their designated investigating agency to check my personal references, conduct and run a criminal background check on me.

I understand that any negative report may result in the cessation of the membership 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 Chaplain Fellowship Ministries (CFMI).

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

Signed: \_\_\_\_\_  
( Legal Name as appears on your Driver's License)

***This form must be completed, signed, dated and returned with your application before your application for membership can be processed. Please keep a copy of this document for your records***