



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