

SELF-DISCLOSURE AND RELEASE FORM

Growing Healthy Churches

Each person having received or anticipating a call to a position within GHC is required to sign this “Self-Disclosure and Release Form” as part of the process. Others, already within the Region, may be asked to sign this form when moving to a new location. The completed form should be mailed to Dr. Paul Borden, Executive Minister, 2420 Camino Ramon, Suite 140, San Ramon, CA 94583.

GHC seeks to maintain the highest moral and ethical standards in the practice of ministry. This reflects our commitment to “preserve the dignity, maintain the discipline, and promote the integrity of the vocation to which we have been called” (Ministers Code of Ethics). When any professional church leader engages in misconduct, the name of Christ is dishonored and the churches brought into disrepute and all involved suffer. In addition, there can be legal repercussion from such acts of misconduct. Therefore, GHC is committed to taking any reasonable precaution to avoid such disrepute, suffering and litigation. This Self-Disclosure and Release Form is a part of the Region’s effort to minimize the occurrence of misconduct among professional church leaders who are or become a part of ministry in a local church. Though GHC does not employ pastors, we seek to give support and spiritual guidance to our local churches. Your understanding and cooperation is deeply appreciated.

1. I have never been the subject of official disciplinary proceedings in this denomination or in any other denomination or independent group that resulted in any of the following:

A)	Censure	_____ true	_____ not true
B)	Suspension of recognition of ordination	_____ true	_____ not true
C)	Withdrawal of recognition of ordination	_____ true	_____ not true

2. No official disciplinary proceedings within ABC/USA or any other denomination or independent group are pending against me at this present time.

_____ true _____ not true

3. No civil lawsuit alleging actual or attempted sexual harassment, exploitation, or abuse; discrimination; physical abuse; child abuse; spousal abuse; or financial misconduct has ever been successfully prosecuted against me, settled out of court, or dropped because the statute of limitations had expired.

_____ true _____ not true

4. My driver’s license has never been suspended or revoked due to reckless driving, driving while intoxicated, or driving under the influence of a controlled substance.

_____ true _____ not true

5. I have never been found guilty or pleaded guilty or no contest to felony charges or had felony criminal charges dropped because the statute of limitations had expired.

_____ true _____ not true

6. My employment has never been terminated for actual or attempted sexual harassment, exploitation, or abuse; discrimination; physical abuse; child abuse; spousal abuse; or financial misconduct by me; nor have I terminated my employment primarily to avoid facing such charges or to avoid being terminated because of such charges.

_____ true _____ not true

7. I know of no facts or circumstances regarding my background that would warrant further review of my fitness for ministry before my being entrusted with the responsibilities of ministry on behalf of a calling body within this Region.

_____ true _____ not true

8. I have completed specific training in clergy ethic (including a review of procedures for handling allegations of pastoral misconduct).

_____ true _____ not true

9. If I have not completed specific training in clergy ethics, or it is determined that training I did receive was not sufficient, I am willing to commit myself to seeking such training within six months but no later than one year of accepting a position within this Region.

_____ true _____ not true

On a separate sheet provide an explanation for each item that caused you to answer “not true”. Give enough information for follow-up, including the date, nature, and place of each incident leading to a complaint, proceeding, or action; where and when each was adjudicated; and the disposition of the complaint(s). Indicate steps taken toward rehabilitation, if any. Use additional pages as needed.

10. In addition to the names used on this form, as an adult, I have been known by the following name(s) during the time(s) indicated.

The information I have provided on this application is accurate to the best of my knowledge and may be verified by the Region. I hereby authorize GHC, or its voluntarily affiliating churches, to make any and all contracts necessary to verify my prior employment history, medical information and to inquire concerning any prior arrest or criminal records or any professional, religious, or judicial proceedings involving me as a defendant. By means of this release I also authorize any previous employer, any physician who has treated me (specifically including any psychiatrist, mental health professional or psychologist processing information as to prior mental or emotional illnesses or drug or alcohol abuse), and professional pastoral care organization, and religious judicatory, and

any law enforcement agencies or judicial authorities to release any and all requested information to the Region.

I have read this release and understand fully that the information obtained may be used to deny me acceptance withing this Region or to a specified church. I also agree that I will hold harmless GHC, as well as any prior employer, psychologist, psychiatrist, mental health professional, physician, professional pastoral care organization, religious judicatory, law enforcement authority or judicial authority from any all claims, liabilities, and cause of action for the release of the use of any information.

_____ Signature	_____ Date
Name	_____
Address	_____

Home Phone ()	_____ Business Phone () _____

_____ Signature of Witness	_____ Date
Name	_____
Address	_____

Home Phone ()	_____ Business Phone () _____

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2420 Camino Ramon, Suite 140
San Ramon CA 94583
Telephone 925-277-3980 Fax 925-277-3985