



CCSW PERSONAL DISCLOSURE FORM

Please note: This form will become part of your permanent ministry record in the Christian Church (Disciples of Christ) in the Southwest.

Name [print legibly or type]: _____
Last Name First Name Middle/Maiden Name

Other names by which I have been known: _____

Circle One

Yes / No Have you ever had your standing in the Christian Church (Disciples of Christ) *terminated* or *suspended*?

Yes / No Have you ever *resigned* or *voluntarily relinquished* your standing in the Christian Church (Disciples of Christ)?

Yes / No Have you ever had your standing *reinstated* in the Christian Church (Disciples of Christ)?

Yes / No Are you currently the subject of disciplinary proceedings in the Christian Church (Disciples of Christ)?

Yes / No Have you ever been subject to disciplinary proceedings of another denomination or church body in which you were accused of personal misbehavior or misconduct?

Yes / No At any time in the last ten years has your driver's license been suspended or revoked?

Yes / No Have you ever been convicted or pled *nolo contendere* to a criminal charge involving sexual conduct?

Yes / No Have you ever been convicted of or pled *nolo contendere* to a felony?

Yes / No Have you ever been accused of sexual misconduct (e.g. sexual assault, sexual harassment, sexual exploitation) in any previous employment, as a volunteer, by criminal authorities or in any other context?

For any "YES" response above, please describe the facts and circumstances. Use additional paper and staple to this form.

Date: _____

Signature

RELEASE FOR BACKGROUND CHECK AND DISCLOSURE

I certify that the above is true and accurate and that in my judgment there are no other facts or circumstances involving me or any background related to my being entrusted with the responsibilities of ministry in the Christian Church (Disciples of Christ).

I further acknowledge that the information contained in this Disclosure and Release Form is true and complete and that any misrepresentation and/or omission may be grounds for rejection of consideration for a ministry position or for termination of a ministry position or of my standing as a minister in the Christian Church (Disciples of Christ).

Because I am seeking standing as a minister of the Gospel in the Christian Church (Disciples of Christ), I authorize the Christian Church (Disciples of Christ) in the Southwest or its agents, successors, and assigns, including any congregation who may be considering me for employment (hereafter whether jointly or severally "the Church"), to receive from any prior employer, public agency, or agency in which I was a volunteer, any information, opinion, evaluation or appraisal about me that might otherwise be confidential or private. In addition, I authorize those persons who receive my Disclosure and Release Form, and their agents, to make any inquiries to any person or entity regarding me and all statements contained in these forms; this authorization includes, but is not limited to, permission for such persons/agents to review any and all social media/Internet sites and sources of information (e.g., Facebook, Blogs, Twitter postings, MySpace, etc.) regarding me and my background/experience.

I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in this form, and to comment and state opinions regarding my background and character. I authorize all persons who receive this Disclosure and Release Form and my Criminal Background Check, and their agents, to circulate, distribute, and otherwise share information collected in connection with these forms with others as they in their sole discretion see fit. I hereby release all entities and individuals to whom I have provided these authorizations (including but not limited to the Christian Church (Disciples of Christ)) from any and all liability arising from their actions that I have authorized in this document and from any omissions, including liability arising from their own negligence in connection with any action authorized herein.

Furthermore, I recognize my responsibility to update this personal disclosure form in a timely matter should there be a change in status in or related to any of the issues named above.

Date: _____

Signature: _____

Social Security Number: _____

FOR OFFICE USE ONLY

Area Minister Certification

To the best of my knowledge, the information provided by the signatory of the Personal Disclosure Form, above, is true and correct

Date: _____

Area Minister

Area of the Christian Church (Disciples of Christ) in the Southwest