Clergy Conduct Disclosure Statement

In recent years concerns about professional misconduct and malpractice have become widespread. Instances in which professionals from a variety of disciplines have been found to have abused their power and/or their privileges have prompted a careful review of the backgrounds of leaders. It is unfortunate but necessary that persons who hold professional leadership roles in ministry should be asked about their personal conduct. The information requested in this statement is necessary to help insure the protection of institutions and individuals for whom clergy persons may be responsible in their professional work.

1. Have allegations of misconduct, including but not limited to sexual harassment, exploitation or misconduct, physical abuse, child abuse, or financial misconduct:

- led to civil, criminal or ecclesiastical complaint(s) being files against you; ___ yes ___ no
- led to your resignation or termination from a position; ___ yes ___ no
- led you to resign or terminate your employment to avoid such charges; ___ yes ___ no
- led to charges against you being brought before a professional committee; ___ yes ___ no
- led to your being the subject of the official disciplinary actions by a professional committee; ___ yes ___ no
- led to your conviction of a felony? ___ yes ___ no

2. Has your drivers license ever been suspended or revoked due to reckless driving, or driving while intoxicated? ___ yes ___ no

3. Do you have any financial burdens which would be difficult to manage on the salary of a minister/pastor/commissioned church worker? ___ yes ___ no

4. Do you have any medical conditions or health problems that may limit your ability to perform tasks involved with ministry? ___ yes ___ no

Please attach an explanation for each incident, proceeding, or action that caused you to answer "yes." Please include the date, nature, and place of each incident; where and when each was adjudicated; and the disposition. Indicate steps taken toward rehabilitation, if any. Use additional pages as needed.

The information I have provided on this questionnaire is accurate and complete to the best of my knowledge.

Print full name _____ Date _____

Signed _____