

**COMMITTEE ON CHAPLAINS AND PASTORAL COUNSELORS  
BACKGROUND CHECK FORM**

Preamble

American Baptist Churches USA chaplains and pastoral counselors have an outstanding record as a group for maintaining the highest moral and ethical standards in the practice of their ministries. However, a small number have had their endorsements withdrawn for violation of the Code of Ethics. Each case involved deep suffering on the part of victims, the endorsed clergy, and families. In addition, recent court decisions have heightened the litigation risk for ecclesiastical endorsing agencies. Therefore, the Committee on Chaplains and Pastoral Counselors is committed to taking any reasonable precaution to avoid such suffering in the future and to meet its legal responsibilities. This Background Check Form is a part of the Committee's effort to minimize the occurrence of improprieties among those clergy who are endorsed as ABC military chaplains, institutional chaplains and pastoral counselors. Please complete the form with care. Your understanding and cooperation are deeply appreciated.

1. I have never been the subject of official disciplinary proceedings in the American Baptist Churches USA that resulted in one or more of the following:
  - a. growth program and/or counseling  true  not true
  - b. censure  true  not true
  - c. suspension of standing  true  not true
  - d. termination of standing  true  not true
  
2. No official disciplinary proceedings by a region, association or church of the American Baptist Churches USA are pending against me at the present time.  true  not true
  
3. I have never been the subject of official disciplinary proceedings by another denomination that resulted in disciplinary action.  true  not true
  
4. No official disciplinary proceedings by another denomination are pending against me at the present time.  true  not true
  
5. I have never been the subject of official disciplinary proceedings by a professional association or guild that resulted in disciplinary action.  true  not true
  
6. No official disciplinary proceedings by a professional association or guild are pending against me at the present time.  true  not true
  
7. No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child 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
  
8. My driver's license has never been suspended or revoked due to reckless driving, driving while intoxicated, or driving under the influence of controlled substances.  true  not true
  
9. I have never been found guilty or pled guilty or pled no contest to felony criminal charges or had felony criminal charges dropped because the statute of limitations had expired.  true  not true

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10. My employment has never been terminated for actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child 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

11. 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 of the American Baptist Churches USA.

\_\_\_\_\_ true      \_\_\_\_\_ not true

\* \* \* \* \*

Please provide a short explanation for each complaint, proceeding, or action 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.

12. 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:

I certify that the above information is true to the best of my knowledge. I understand that National Ministries will be relying upon this information to grant me approval or endorsement and I acknowledge that any significant and material misstatements may be used as a reason to deny, reconsider or revoke such approval or endorsement.

Should any of my responses to these statements change, I will immediately notify the Chaplaincy Director.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_