

Authorization and Release

This form should be printed, completed, notarized and returned to the Ohio Ministry Network, Attention Church Multiplication, 8405 Pulsar Place, Columbus, OH 43240 or via email to ocmn@ohioministry.net.

I, _____ (name) of _____ (city/state) having filed an application with the Church Planting Cabinet of the Ohio District Council, Inc., of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the Ohio District Council, Inc. I agree to give any further information which may be required in reference to my past history.

I authorize and request every person, firm, company corporation, governmental agency, court association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Ohio District Council, Inc., of the Assemblies of God any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Ohio District Council, Inc., of the Assemblies of God or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all right I may have to inspect or review any information provided to the Ohio District Council, Inc., of the Assemblies of God, its agents or representatives by any person or organization.

I hereby release, discharge and exonerate the Ohio District Council, Inc., of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Ohio District Council, Inc., of the Assemblies of God. The Ohio District Council, Inc., of the Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

STATE OF _____:

COUNTY OF _____: ss

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

Authorization and Release - Spouse

This form should be printed, completed, notarized and returned to the Ohio Ministry Network, Attention Church Multiplication, 8405 Pulsar Place, Columbus, OH 43240 or via email to ocmn@ohioministry.net.

I, _____ (name) of _____ (city/state), spouse of _____ having filed an application with the Church Planting Cabinet of the Ohio District Council, Inc., of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the Ohio District Council, Inc. I agree to give any further information which may be required in reference to my past history.

I authorize and request every person, firm, company corporation, governmental agency, court association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Ohio District Council, Inc., of the Assemblies of God any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Ohio District Council, Inc., of the Assemblies of God or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all right I may have to inspect or review any information provided to the Ohio District Council, Inc., of the Assemblies of God, its agents or representatives by any person or organization.

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STATE OF _____ :

COUNTY OF _____ : ss

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public