

Covenant Brethren Church

Ministerial Fact Sheet and Affirmation Statement

(For candidates seeking credentials)

Application for Licensing _____ (or) Ordination _____



Full Name (First Middle Last)

Date of Birth _____ Email _____

Mailing Address _____

Phone _____

Spouse's Name _____ Years Married _____

Current Minister's Credential(s) Held _____

_____ (provide a copy)

Years of Service in Set-Apart Ministry _____

Presently Serving (Church or other ministry) _____

Ministerial Training _____

Date of Last Ethics Training _____

By signing this document, I affirm that I fully embrace the Statement of Faith of the Covenant Brethren Church (CBC) and will support the Bylaws and Faith Statement to the best of my ability in every aspect of my ministry.

(Signature)

(Date)

(For Office Use Only) Reviewed By _____ Date _____



COVENANT BRETHREN CHURCH

503 Morgantown Avenue, Suite 125
Fairmont, West Virginia 26554
304-534-8010
contactcbc@covenantbrethren.org

Minister Background Check Form

The Covenant Brethren Church Executive Board requires a background check be executed for all ministers serving in the CBC. The background check is not intended in any way to intimidate but is necessary to protect the Church as a whole from possible concerns. Thank you for your service to the CBC.

There are two ways to complete your background check. Please check which method you are using.

1. _____ Recommended. Fill it out yourself online. You will be sent a link via email to enter your information online.
Name _____ email: _____
2. _____ Fill out the information below, detach, and mail (to keep your SSN secure do not email the form) to Jim Nolt our Legal Sub-committee chair and Executive Board Member.

*Pennsylvania residents are required to complete a Child Abuse Registry check as part of the background check. If you already have this completed, please forward me a copy in order to complete your background check. If you do not, a link will be emailed to you with a code. You will have to follow the instructions to go to the PA state website, enter the code and complete the information.

Jim Nolt, 330 Yummerdall Road, Lititz, PA 17543 Email: jimnolt@covenantbrethren.org

Today's Date: _____

Name: First _____ Middle _____ Last _____

Home Address Road _____

City _____ State _____ Zip _____

Social Security # _____

Date of Birth _____

Email _____

By signing this document, I give permission for Covenant Brethren Church to initiate a background check. Signature: _____