



STATEMENT OF AUTHORIZATION AND RELEASE

To the best of my knowledge, the information set out herein is true and correct. I authorize any reference or church named herein to release to Trinity Evangelical Missionary Church any information they may have which will assist Trinity Evangelical Missionary Church in evaluating my suitability as a worker within nursery/children/youth ministry.

I further release Trinity Evangelical Missionary Church from any claims or causes of action that may arise from their use of the information as provided by the other persons or churches.

I agree to abide by the Constitution and Bylaws, policies and procedures of Trinity Evangelical Missionary Church and to refrain from any conduct unbecoming in the performance of my responsibilities on behalf of the Church.

Applicant's Signature

Date

Witness' Name

Date

Witness' Signature

Trinity Evangelical Missionary Church