



**THE CHRISTIAN AND MISSIONARY ALLIANCE
 WESTERN PENNSYLVANIA DISTRICT OFFICE
 341 CHESTNUT ST., PUNXSUTAWNEY, PA 15767
 (814) 938-6920 Fax (814) 938-7528 office@cmawpa.org**

APPLICATION FOR MINISTRY AGREEMENT

I affirm that all the answers and information I have provided on this application form are true and complete to the best of my knowledge.

I understand and agree that, if I am accepted for licensed ministry in The Christian and Missionary Alliance (the C&MA), and if I have provided inaccurate information on this application form, or at any other step in the application process, this may result in discontinuation of the application process, withdrawal of any offer of ministry made to me, or discharge from ministry, even if I did not know of the inaccuracy and regardless of when the inaccuracy is discovered. I understand and agree that this application form is not, and is not intended to be, a contract of employment.

I understand and agree that licensed ministry with the C&MA is employment at will. This means that if I am engaged to serve with the C&MA, the C&MA is free to terminate my employment at any time, with or without advance notice, and for any reason, and similarly that I am free to resign from employment with the C&MA at any time, with or without advance notice, and for any reason. I will comply with the appropriate procedures of the *Manual* in such instance.

I authorize the C&MA, its agents, and representatives to conduct an investigation concerning my background, record, and suitability for service with the C&MA. I specifically authorize the C&MA as it deems appropriate, to contact all references, educational institutions, past employers, churches, organizations, and persons identified by me on this form or in the application process. I also authorize the C&MA to conduct as it sees fit, a criminal background investigation concerning me.

In consideration of the receipt and evaluation of this application by the C&MA, I hereby release the C&MA and any of its employees, agents, and representatives, and any person providing information to the C&MA in connection with a background investigation, both collectively and individually, from any and all liability for damages of whatever kind or nature that may result to me, my heirs, or my family, as a result of disclosure of information in accord with this authorization or efforts to investigate my background and my fitness to hold a position with the C&MA. I waive any rights that I have to inspect any information provided about me by any person, company, or organization identified by me on this application.

I understand and agree to the Uniform Policy on Discipline and Appeal as outlined in the *Manual of The Christian and Missionary Alliance*.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT AND RELEASE, AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS STATEMENT AND RELEASE OF MY OWN FREE ACT.

◆ We affirm that the information in the Application for C&MA Ministry forms submitted are correct and that the Doctrinal Questionnaire submitted is an accurate reflection of the applicant. The applicant is in agreement with the Statement of Faith of the C&MA.

Signed _____
 (Applicant)
 Date _____

 (Name printed)

*Signed _____
 (Pastor, Elder or Professor)
 Date _____

 (Name printed)

Please have your pastor, a church elder, or professor review your Application and Doctrinal Questionnaire.