

# SELF-DISCLOSURE AND RELEASE FORM

## THE AMERICAN BAPTIST CHURCHES OF MASSACHUSETTS

### Preamble

The American Baptist Churches of Massachusetts (TABC) seeks to maintain the highest moral and ethical standards in the practice of ordained ministry. This record of service reflects our commitment to “preserve the dignity, maintain the discipline, and promote the integrity of the vocation to which we have been called” (Ministers Council Code of Ethics). When any clergy person engages in misconduct, the church is brought into disrepute and all persons involved suffer. In addition, there can be legal repercussions from such acts of misconduct. Therefore, TABC is committed to taking any reasonable precaution to avoid such disrepute, suffering, and litigation. This Self-Disclosure and Release Form is a part of the region’s effort to minimize the occurrence of misconduct.

1. I have never been the subject of official disciplinary proceedings by any denomination that resulted in disciplinary action.  
 true       not true
2. No official disciplinary proceedings by another denomination are pending against me at the present time.  
 true       not true
3. I have never been the subject of official disciplinary proceedings by a professional association or guild that resulted in disciplinary action.  
 true       not true
4. No official disciplinary proceedings by a professional association or guild are pending against me at the present time.  
 true       not true
5. No civil lawsuit alleging actual or attempted sexual harassment, exploitation, or abuse; discrimination; 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
6. Within the last five years, my driver’s license has never been suspended or revoked due to driving while intoxicated, or driving under the influence of controlled substances.  
 true       not true
7. I have never been found guilty or pleaded guilty or no contest to felony criminal charges or had felony criminal charges dropped because the statute of limitations had expired.  
 true       not true

*(continued on back)*

8. My employment has never been terminated for actual or attempted sexual harassment, exploitation, or abuse; discrimination; 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

9. 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 ordained ministry on behalf of an American Baptist church.

true  not true

**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.

10. 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.

The information I have provided on this application is accurate to the best of my knowledge and may be verified by the ABC of Massachusetts regional staff. I hereby authorize TABCOM staff to make any and all contacts necessary to verify my prior employment history, medical information, and to inquire concerning any prior arrest or criminal records or any professional, religious, or judicial proceedings involving me as a defendant. By means of this release I also authorize any previous employer, any physician who has treated me (specifically including any psychiatrist, mental health professional, or psychologist processing information as to prior mental or emotional illnesses or drug or alcohol abuse), any professional pastoral care organization, any religious judicatory, and any law enforcement agencies or judicial authorities to release any and all requested information to TABCOM.

I have read this release and understand fully that the information obtained may be used to deny me ministerial standing or privilege of call. I also agree that I will hold harmless TABCOM as well as any prior employer, psychologist, psychiatrist, mental health professional, physician, professional pastoral care organization, religious judicatory, law enforcement authority, or judicial authority from any and all claims, liabilities, and cause of action for the release or the use of any information.

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*Signature*

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*Date*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please return this form to [minprep@tabcom.org](mailto:minprep@tabcom.org)  
or to TABCOM, COOM, 189 Prescott Street, Groton, MA 01450

Dec 1, 2021