CPD #6

PERSONAL AUTHORIZATION

In making this application, I recognize the Assemblies of God, Michigan District to be the agency designated to appoint missionaries to the various District Home Missions ministries. I voluntarily and knowingly authorize the Assemblies of God, Michigan District Home Missions Department to contact personal references (individuals named by me on my application form and other individuals suggested from other sources) in determining whether to appoint me as a district home missionary or candidate, and I expressly authorize any reference so contacted to respond fully to any and all questions regarding my fitness and competence for district home missionary appointment. I agree to abide by the agency's decisions and, if appointed, to cooperate fully with the said District Home Missions Department in carrying out its policies and programs. I will submit reports as required by the District Home Missions Department on its forms and update forms with relevant information. I will support the District Home Missions Department morally, spiritually and financially in accordance with policy. I also recognize that the agency, which has the responsibility to grant district home missionary appointment, has the right to withdraw that endorsement. Should I prove by temperament, disposition, attitude, doctrine, practice, or other reason to be unsuited for Assemblies of God District home missionary appointment and should the District Home Missions Department decide that my district appointment be withdrawn, I agree to abide by the agency's decision. I voluntarily waive any right of access to confidential recommendations respecting my appointment or approval.

STATE OF)
ss
COUNTY OF)

I have ready and signed the foregoing authorization as my own free act and deed.

_____
Applicant

Subscribed and sworn to before me this _____ day of

_____, 20_____.

_____
Notary Public