

PASTORAL APPROVAL

Please have a pastor at your church complete the certificate. If you are a credentialed minister with the Assemblies of God of lowa, you may sign for yourself and/or your spouse.

Applicant Name:	
	th the applicant, and in my opinion he or she is competent and qualified to know of no facts or allegations that raise any questions concerning his or her nors in any activity.
I prefer to discuss my response the day:	by telephone. I can be reached at the following telephone number during
Signature	Date
Print or Type Name	Title
 Receive Pastoral Approval (signature Attach a copy of your background ch Review and agree with the Counselo 	eck or email a copy to kbowser@imnag.org Manual
IOW	A MINISTRY NETWORK USE ONLY
ntered:	Counselor or IMN Volunteer:
heck Number:	Medical Information (Minors Only):
mount Paid:	Notes for SMD:
leets Age Requirement:	
Privers License/or online pic:	Approved:

Denied: _____

BCKGRD Check Attached & Current: