

**APPLICATION FOR CANDIDATE STATUS
AND WAIVER OF CLAIMS AND AUTHORIZATION**

Name _____

Address _____

Email address _____

Phone _____

I hereby apply for candidate status, agreeing to abide by the Rules and Policies of the Ministerial Fellowship Committee and by any amendments thereof.

I further agree to defer accepting any ministerial position other than internships, student field placements, contract ministry positions or summer ministry positions unless approved by the Ministerial Credentialing Director.

I understand that violation of this policy shall render a candidate ineligible for an interview with the Ministerial Fellowship Committee for four years from the time of the commencement of the position.

I hereby understand, consent and agree that as part of my application for Ministerial Fellowship that inquiries will be made by the Unitarian Universalist Association and/or its designated committee(s) or agent(s) as to my background, moral character, reputation, health, and fitness.

I hereby authorize every person, firm, company, corporation, governmental agency, law enforcement agency, court, institution, counselor, medical provider or mental health provider having control of any documents, records or information concerning me to provide all such documents, records of information without delay or exception to the Unitarian Universalist Association.

I also understand and agree that as a part of this application process I may be asked questions of a personal or private nature about my background, moral character, reputation, health and fitness (including but not limited to questions about my medical and/or mental health background), and that I must respond to these requests in a good faith, truthful, complete, candid and prompt fashion.

I irrevocably release, waive and discharge the Unitarian Universalist Association and its officers, employees, committees, ministers, attorneys and agents from any and all claims of any type which I have, or may in the future have, as a result of or concerning the application process identified above, the decision made as a result of this application, and/or any inquires made of anyone during this application process.

Signature _____ **Date** _____

Please return this signed application form to your Regional Sub-Committee on Candidacy Administrator prior to your Regional Sub-Committee on Candidacy interview.