

**SELF-DISCLOSURE QUESTIONNAIRE**  
*For those seeking Ordination and Recognition of Ordination in the  
American Baptist Churches of Indiana and Kentucky*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**QUESTIONS:**

1. Are you aware of any allegations of misconduct in ministry that have been made against you by any church or denominational body? (This includes charges of misconduct involving sexual abuse, financial impropriety, abuse of power, etc.) \_\_\_\_\_

*If so, please explain on the reverse side of this form the nature of the allegations and the manner in which they were resolved.*

2. Have you ever committed any acts of child abuse, misconduct involving sexual abuse, or domestic violence? \_\_\_\_\_

*If so, please describe on the reverse, noting any therapeutic programs in which you were subsequently involved to help you modify your behavior.*

3. Are you aware of any aspects of your behavior that are likely to compromise your ministry seriously?  
\_\_\_\_\_

*If so, please describe on the reverse, noting any therapeutic programs in which you are involved to help you modify your behavior.*

4. Have you completed specific training in clergy misconduct prevention (including review of procedures for handling allegations of pastoral misconduct)? \_\_\_\_\_

*If so, please provide information about the training including sponsoring agency, dates, and number of hours of instruction.* \_\_\_\_\_  
\_\_\_\_\_

If not, or if ABC/IN determines that this training is not sufficient, are you willing to commit yourself to receiving such training within one year of accepting a position in this Region? \_\_\_\_\_

5. Will you agree to sign the Code of Ethics of the Ministers Council of the ABCUSA and thereby be held accountable to the Code by the Region Commission on Professional Ministry in this regard? \_\_\_\_\_

**(Please provide a signed copy of the Code of Ethics of the ABC Ministers Council.)**

**AFFIRMATION AND AUTHORIZATION**

I hereby affirm that the information provided on this form and any attachments is true to the best of my knowledge.

I give the ABC/IN my permission to contact the references I have provided, denominational personnel for churches I have served, and/or faculty members at colleges and seminaries I have attended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date