

MINISTRY APPLICATION QUESTIONNAIRE

CALVARY CHAPEL OF THE CHINO VALLEY

Thank you for your interest in serving at Calvary Chapel Chino Valley (CCCV). Everyone involved in serving at our fellowship is required to have an active Ministry Application Questionnaire on file. Completed applications may be turned in at the Church's Office during normal business hours and at the Gazebo after any of our services. The information provided below is confidential and will be reviewed only by those necessary for approval. Once the application has been approved you will be contacted for placement in the area of ministry you would like to serve. Thank you and may the Lord bless you as you serve Him.

DATE: _____

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS BELOW

(Please use additional paper if necessary)

Name _____ Male () Female () Birth date: _____

Address _____ City _____ Zip _____

Home Phone:(____) _____ Cell: (____) _____ E-mail: _____

Calif. Drivers License #: _____ Expiration Date: _____

Married: Yes () No () Spouse's Name: _____

How long have you been married? _____

A. Children: Yes () No ()

B. If Yes, please list names and age(s)of children: _____

1. How long have you consistently fellowshipped at Calvary Chapel Chino Valley? _____

A. Do you consider Calvary Chapel Chino Valley your home church? Yes () No ()

B. Do you consider Pastor David to be your pastor? Yes () No ()

C. Are you submitted to the leadership of Calvary Chapel Chino Valley Yes () No ()

D. Define your understanding of "submission": _____

2. Do you disagree with any of the teachings of Calvary Chapel Chino Valley? If so, which ones, and why?

3. I am interested in serving in the following Ministry: _____

NOTE: If you are applying to serve in Children's Ministry please answer sections A and B below

A. () Kidmunity Leader (Teacher)

() Craft Developer

() Kidmunity Aide

() Resource Room

() Nursery Leader

() Special Events Helper

() Special Needs Children

() Midweek Operations

() Curriculum Team

B. I am interested in serving in the following ages:

- Infants 1st – 2nd Grade
 Toddlers 3rd – 4th Grade
 Kindergarten 5th – 6th Grade Wherever the Greatest Need

4. I am available to serve:

- Sunday, 1st Service Sunday Evening Service
 Sunday, 2nd Service Wednesday Evening Service
 Sunday, 3rd Service Wherever the Greatest Need

5. Please tell us when you accepted the Lord Jesus Christ as your Personal Lord and Savior (please give date if possible)

6. Please tell us how you became a Christian: _____

7. Describe your present relationship with the Lord. (Be honest): _____

8. What Christian authors (religious books), pastors, and teachers have influenced you the most?

9. Briefly state your beliefs on the following: This is not a test of your Bible knowledge, but we do want to know what you believe regarding the following essential doctrines. Please use Scripture references to support your answers (a Scripture Reference Sheet is available upon your request):

A. God: The Trinity _____

B. Jesus Christ: Is He God? _____

C. Holy Spirit: What is the significance of the baptism of the Holy Spirit? _____

D. Is the gift of tongues always the initial evidence that you have been baptized by the Holy Spirit?

E. Gifts of the Holy Spirit: Are they all in operation today? _____

F. Sin: _____

G. Salvation: How is someone saved? _____

H. What part does "Works" play in salvation? _____

I. Physical Healing: Should all be healed? _____

J. The Scriptures: Is the Bible totally without error? _____

K. The Rapture of the Church: Before, in the middle of, or after The Tribulation? _____

10. Please answer the following questions:

A. Have you ever been charged with or convicted of Child Abuse or Sexual Misconduct? Yes () No ()

B. Are you currently under investigation for a crime involving children or youth? Yes () No ()

C. Are you currently engaged in legal or illegal substance abuse? Yes () No ()

D. Do you have any objections to being fingerprinted as part of a background check? Yes () No ()

E. Do you have any objections to being photographed? Yes () No ()

If yes to any of the above, please explain: _____

References

PLEASE PRINT CLEARLY

11. Are you currently (or previously) involved in a Small Group Bible Study at CCCV? Yes () No ()

If yes, please list Leaders Name (s) _____

12. Previous Church Attended: _____ Phone Number: () _____

Address: _____ City _____ State _____ Zip _____

Area(s) where you served in: _____ Ministry Overseer: _____

Do you give us permission to call the reference listed above? Yes () No ()

Why did you leave the church you previously attended? (Please be specific):

Please provide two (2) references. List persons who have known you at least one year and are NOT related to you. Please provide the complete contact information requested for each reference. Please note that this is a required part of the application process.

1. Name: _____ Years known: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ E-mail: _____

2. Name: _____ Years known: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ E-mail: _____

Please return this questionnaire to the Church Office, the Gazebo, or the KUK Office. Once we have received your application we will contact you to schedule fingerprinting and an orientation meeting.

Signature

By clicking the submit button I affirm that the above information is true and correct. I hereby authorize disclosure of this information to ministry personnel deemed appropriate by Calvary Chapel Chino Valley for the purpose of approval and /or placement within the Ministry. I authorize Calvary Chapel Chino Valley to contact all sources of reference listed in this questionnaire and conduct any necessary background check for the purpose of making an assessment for approval to serve at Calvary Chapel Chino Valley.

Sign: _____

Date: _____

For Office Use Only

Application received on: _____ by: _____ To Office: _____

Reviewed on: _____ by: _____

Accepted _____ On Hold _____ To File _____

Form Revised 3/5/08