



CALVARY CHAPEL SANTEE

Ministry Questionnaire

Name: _____ Date turned in: _____

Driver's License # _____ Expiration Date: _____ State of Issue: _____

Cell/Home number: _____ Work number: _____ Ok to call you at work? _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Repeat Email: _____

Date of Birth: _____ Occupation _____ Employer: _____

Marital Status: Single Married Widowed Separated Divorced

Spouse's name: _____ Wedding Anniversary: _____

Emergency Contact: _____ Phone Number: _____

Christian Walk

How long have you been a Christian? _____ How long attending Calvary Chapel Santee? _____

Where did you fellowship before? _____

Address: _____ Phone: _____

What ministries were you involved with? _____

Who was your overseer? _____

Why did you leave the fellowship? _____

Are you familiar with the philosophy of ministry of Calvary Chapel? YES NO

Do you disagree with any of the teachings of Calvary Chapel? YES NO

If so, which ones and why: _____

Ministry Interest

What ministry is the Lord leading you to serve in? _____

Please state your reason and interest to serve in this ministry _____

What hobbies or abilities do you possess that you feel may be beneficial to this area of ministry? _____

Please list any prior teaching or ministry experience (if any). i.e., When, Where, What _____

Personal Information

Are you free of illegal substance abuse? YES NO

Have you ever been arrested or convicted of a criminal offense? YES NO

If you answered yes to the above question please explain: _____

Do you presently have any medical / physical condition that may affect your ability to serve? YES NO

Have you ever been arrested or convicted for the sale of drugs? YES NO

Have you ever been hospitalized or treated for alcohol or substance abuse? YES NO

Have you ever been arrested or convicted of child neglect or abuse? YES NO

Have you ever been arrested or convicted of child molestation? YES NO

Have you ever been hospitalized for mental illness? YES NO

Have you ever been exposed to a contagious illness? YES NO

Has your Driver's License ever been suspended or revoked? YES NO

Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of children? YES NO

Do we have your approval to obtain a California Background Check on you? YES NO

Your Beliefs

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. We will be glad to go over and explain any of these doctrines with you, should you desire to do so.*

The Bible is the absolute truth, written by man, inspired by God

Baptism of the Holy Spirit

Reasons for trials and sickness (are all healed?)

What is the role of the local church?

Is Jesus God? Why is that important?

How is someone saved, and how can we be sure we are saved?

Are you a born again Christian? When & how did this happen?

Personal/Character References

Please list those not related to you whom you have known for a minimum of one year:

NAME	ADDRESS	PHONE#	YRS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If interested in Children's/Youth Ministry, please answer the following:

Preferred Ministry Placement: Teacher Teacher's Assistant Wherever need is

Preferred Age-Level Placement: Nursery Preschool Elementary
Jr High High School Where need is

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING!

I, _____, the undersigned, understand that:
(Print your name)

The information that I have provided may be verified by contacting persons or organizations named in this application and I hereby release and agree to hold harmless from liability any person or organization that provided information concerning me to Calvary Chapel Santee.

In signing this application, I affirm that the information that I have given is true and correct.

Your Signature

Today's Date

DO NOT WRITE BELOW THIS LINE

Overseer Approval: Yes No (Circle One)

Overseer's Signature

Date

Ministry

Pastor's Signature

Comments: _____

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number/State: _____

Email Address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Calvary Chapel Santee** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Calvary Chapel Santee** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Calvary Chapel Santee**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Entered	Date Updated	Date Updated	Date Updated	Date Updated	Date Updated