



CALVARY CHAPEL SANTEE

Ministry Application

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.*

**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	<input type="checkbox"/>	Teacher's Assistant	<input type="checkbox"/>	Wherever need is	<input type="checkbox"/>
Preferred Age-Level Placement:	Nursery	<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Elementary	<input type="checkbox"/>
	Jr High	<input type="checkbox"/>	High School	<input type="checkbox"/>	Where need is	<input type="checkbox"/>

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: _____