

Calvary Chapel Mid Valley Ministry Application

Please return completed form to your ministry leader

The following questions are designed to give us information which will assist us getting to know you better, and future contacts with you. Becoming a part of the Ministry Team here at Calvary Chapel Mid Valley is a commitment to God and the body, therefore please pray ask the Lord to give you His guidance before becoming a servant in this ministry.

Personal Data

Date _____
 Name _____ Male _____ Female _____
 Address _____ Age _____ Birthday _____
 City _____ Zip _____
 Marital Status _____ Spouse's Name _____
 Phone _____ Work _____ May we call work _____
 Driver's License # _____ email _____
 Where are you employed? _____
 What type of work do you do there? _____
 Names and ages of children: _____

Do you have any illnesses or physical limitations that would affect your ability to serve, or do you take any medications? _____
 If yes, please explain. _____

Spiritual Data

(If you need any additional space for any of these questions, please attach an extra sheet of paper.)

Is Calvary Chapel Mid Valley your home church? _____ How long have you attended here? _____
 Where did you attend before? _____

Please give two personal references who we may contact:

Name _____ year's known _____ Phone number _____
 Address _____ City _____ Zip _____
 Name _____ year's known _____ Phone number _____
 Address _____ City _____ Zip _____

Briefly state your beliefs on the following:

- A. Do you believe that the scriptures are the infallible and inspired Word of God? _____
- B. What do you believe about who Jesus is? _____
- C. How do you know that you are saved? _____
- D. Why should a person be baptized? _____
- E. Why is the resurrection of Christ important? _____
- F. Do you believe that Jesus is coming again? _____
- G. Do you disagree with any of the teachings of Calvary Chapel Mid Valley? _____
If so, which ones and why? _____

Why do you desire to serve at CCMV? _____

Do you have any previous experience in ministry with Calvary Chapel or another organization?

Do you have any special talents or abilities you would like to share with the CCMV?

Brief Christian Testimony:

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for ministry.

Signature

Date

AUTHORIZATION FORM

During the application process and any time during the tenure of my volunteering with Calvary Chapel Mid Valley, I hereby authorize LexisNexis Employment Screening, on behalf of Calvary Chapel Mid Valley to procure a consumer report known as an investigative consumer report in California, which I understand may include information regarding my credit worthiness, credit standing, credit capacity. This report may be compiled with information for institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Applicant/Volunteer Name

Street Address

City/ Zip Code

Social Security Number

Date of Birth

Signature