



CALVARY CHAPEL

TRI - CITIES

Children's Ministry/Youth Ministry Application

Today's Date: _____

PART 1 – PERSONAL PROFILE

Name: _____ Birth Date: _____
(First) (Last)

Mailing Address: _____
(Street/P.O. Box) (City/State) (Zip)

Home Phone: _____ Cell Phone: _____ Best time to reach me: _____

Occupation: _____ Work Phone: _____ May we call work? Yes/No
 Single Married Remarried/Blended Family Spouse's Name: _____

Children [name(s) & age(s)]: _____

PART 2 – MINISTRY HISTORY & PROFILE

How long have you attended Calvary Chapel of Tri-Cities? _____

Do you regularly attend another church? Yes/No If yes, where:

Are you a born-again Christian? Yes No I'm not sure If yes, briefly share how you came to know Christ as your Savior and the present condition of your spiritual life:

Have you previously been active in any other ministries here at Calvary Tri-Cities or elsewhere? If so, please list where and with which ministries: _____

If applicable, please list any ministries that you are currently involved with here at Calvary Chapel Tri-Cities: _____

Why do you want to get involved with the Children's and/or Youth Ministry at Calvary?

Last Name:

What do you consider to be your strengths? _____

Are there any physical or personal concerns that might impede your participation in any part of the Children's and/or Youth Ministry at Calvary? _____

Please indicate the age group or area in which you are interested in working:

Behind the Scenes Registration Visitor/Greeter Booth Infants/Crawlers

Toddlers 2 year olds 3 year olds 4 year olds Kindergarteners

1st grade 2nd grade 3rd grade 4th grade 5th grade

Youth (please specify if you have a preference: Jr. High Sr. High)

Music Other (please specify: _____)

Which service(s) are you available? Sunday 1st Sunday 2nd Sunday 3rd

Sunday Evening Wednesday Evening

PART 3 – DOCTRINAL BELIEFS

We believe it is important that every person in ministry here at Calvary have a biblical understanding of important doctrines. In the space provided, please answer the following questions or state what you believe regarding each subject given. Feel free to use scripture to support your responses or additional paper if necessary. This is not a test of your Biblical knowledge, but we do want to know what you believe regarding these key doctrines.

According to the teaching of the Trinity, is Jesus God? _____ Why is that important?

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

Why should a person be baptized? _____

Why is the resurrection of Christ important? _____

Reasons for trials and sickness (are all healed?) _____

Do you believe that Jesus is coming again? Yes No Explain: _____

Are there any doctrinal areas where you are in disagreement with Pastor Steve or Calvary Chapel? If yes, please list and describe: _____

PART 4 – PERSONAL REFERENCES & CRIMINAL HISTORY

Please provide two personal references - two persons not related to you who have known you for *at least* a year. <MANDATORY>

1. Name _____ Years known _____ Phone _____

Address _____ City/St. _____ Zip _____

2. Name _____ Years known _____ Phone _____

Address _____ City/St. _____ Zip _____

Have you been accused, rightly or wrongly, of child abuse or neglect? Yes No
If yes, please explain: _____

Have you in the past or are you currently using any illegal substances or abusing alcohol? Yes No If yes, please explain: _____

Have you been arrested or convicted for any criminal act more serious than a traffic violation? Yes No If yes, please explain: _____

Reference Liability Release & Waiver

Before contacting any of your references, we are required to have the applicant sign a liability release and waiver. This enables Calvary Chapel Tri-Cities to conduct the reference checks without fear of liability.

"In consideration of the receipt and evaluation of this application by Calvary Chapel Tri-Cities, I agree and represent that: The following information contained in this application is correct to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give Calvary Chapel and/or its leaders any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I waive any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

I also acknowledge that both the church and I have the right to terminate the volunteer relationship at any time, with or without cause or advance notice.

Signature

Date

Name (please print)

Driver's License Number

Our office will take a photocopy of each Applicant's Driver's License.