CALVARY CHAPEL
SIERRA VISTA

seeds
kid's ministry

CHILDREN'S MINISTRY
APPLICATION

This application must be completed by all those desiring to serve in a position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities. All information on this application is CONFIDENTIAL and seen only by the Pastor and/or ministry leader.

Personal Information

Date: ____ /____ /____

Name: _____ ☐ Male ☐ Female
Last *First*

Address: _____
Street *City* *State* *Zip*

Home Phone: ( ) _____ Other Phone: ( ) _____ B-Day: ____/____/____
Work/Cell/Other

Email: _____ Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Your Occupation: _____ Hours: _____ Spouses Name: _____

Children:

_____ _____ _____ _____
Name *Age* *Name* *Age*

_____ _____ _____ _____
Name *Age* *Name* *Age*

_____ _____ _____ _____
Name *Age* *Name* *Age*

Ministry Information

I would like to apply for: ☐ Teacher ☐ Teacher's Aide ☐ Nursery Volunteer ☐ Youth Group Helper

I would like to work with: ☐ Infants ☐ Toddlers ☐ 3's & 4's ☐ K - 1st ☐ 2nd - 4th ☐ 5th & 6th

I would like to work on: ☐ Thursday 7pm ☐ Saturday 6pm ☐ Sun 9:00am ☐ Sun 11:00am ☐

Testimony

How long have you been a Christian? _____ Attended Calvary Chapel SV? _____

Where have you been in fellowship during the last 5 years? _____

Are you born again? If yes, since when? Please give a brief testimony. _____

_____

_____

_____

_____

Is there anything in your life that would hinder your witness for Christ in any way, such as besetting sins, sexual activity outside of marriage, fleshly habits, or casual usage of drugs, alcohol, tobacco, etc..? ☐ yes ☐ no

If yes, please explain: _____

_____

_____

Please describe any previous training, education or experience working with children. _____

_____

_____

_____

What are some hobbies you may have? _____

Why do you feel you want to be involved in Children's Ministry? _____

_____

_____

Do you have any specific skills you wish to share (music, puppets, crafts, drama, bulletin boards, art, computer skills, etc...)? _____

_____

_____

Briefly describe your family background. _____

_____

_____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's works? ☐ yes ☐ no If yes, please explain:

_____

_____

What areas do you feel you might need special training in? _____

_____

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 regarding these key doctrines. Feel free to use additional paper if necessary. *Having any difficulty in explaining your beliefs on these issues does not necessarily result in disqualification from service. Instead, you may leave the line blank and we will contact you and clarify any of those areas.* This often times is a great opportunity for people to learn and mature in their faith and knowledge of Jesus Christ.

A. Do you believe that the Scriptures are infallible and verbally inspired by God? _____

_____

B. What is your understanding of the Trinity? Is Jesus God? _____

_____

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? If so, which ones and why? (See the enclosed statement of faith.) _____

_____

H. Reason for trials and sickness. (All are healed?) _____

_____

I. Describe your walk with Christ at the present time: _____

_____

_____

_____

Background Investigation Consent Form

Full Legal Name: _____
Last *First* *Middle*

Other names used: _____
Maiden / Alias

Former Addresses:

_____
Street *City* *State* *Zip*

_____
Street *City* *State* *Zip*

Social Security #: _____ Drivers License #: _____ State: _____

Do you have any communicable diseases? _____ If so, what disease? _____

Have you ever molested or physically abused a minor? _____

Have you ever been convicted of or plead guilty of a felony? _____ If "yes", please explain:

_____

_____

_____

_____

_____

I authorize Calvary Chapel to make an independent investigation of my background, references, character, employment, criminal or police records including all public records for the purpose of confirming the information contained in this ministry application.

The contained information is true and correct to the best of my knowledge.

Date_____ Signature_____

References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

FOR OFFICIAL USE ONLY

Contacted? YES / NO **Contact Date:** _____

Background Ran: _____ **Return Date:** _____

Under 18? YES **No? Date:** _____

I desire to join God in His work ministering to the children at Calvary Chapel. As a servant in this ministry I will commit to: *Follow the safety policies and procedures in place at Calvary Chapel. *Prepare for my ministry by growing in my personal relationship with Jesus Christ. *Be on time and consistent in my attendance. I will inform the staff when I will be absent. *Attend training classes and ministry-related meetings.

Signature _____ Date_____