

*Calvary Chapel Eastvale*  
**Ministry Questionnaire**

Please return completed form to the Children's Ministry office

Thank you for applying to serve in the Children's Ministry at Calvary Chapel Eastvale. Everyone involved in any part of the Ministry at Calvary Chapel Eastvale is required to have an active Ministry Questionnaire on file. Please be aware that a background check is conducted on each applicant as a matter of church policy for the protection of the children God has entrusted to our care. The information provided below is confidential and will be reviewed, only by those necessary, for approval and placement.

**Please Print Clearly & Answer All Questions below**

**Date:** \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_  Male  Female Birth date: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Home Phone: (____) _____	Cell Phone: (____) _____
Work Phone: (____) _____	May we call work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

How long have you lived in CA? \_\_\_\_\_

Social Security# \_\_\_\_\_ Drivers License # \_\_\_\_\_ Expiration: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated

If married, please have your spouse sign stating that he/she is in agreement with you serving here at CCEV and understand the time commitment: <input checked="" type="checkbox"/> _____
--

Name(s) & Age(s) of children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Calvary Chapel Eastvale your home church?  Yes  No

Where did you previously attend church? \_\_\_\_\_

Previous Church: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area(s) served in: \_\_\_\_\_ Ministry Overseer: \_\_\_\_\_

Do you regularly attend Calvary Chapel Eastvale?  Yes  No

If so, how long have you attended? \_\_\_\_\_

Please check the service(s) you consistently attend here at Calvary Chapel Eastvale:

Sunday:  10:30am

7:00 pm Wednesday Evening  Other \_\_\_\_\_

Would you mind being fingerprinted?  Yes  No Would you mind being photographed?  Yes  No

Have you ever been accused, convicted, or pleaded guilty to a felony?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused or charged with a crime or incident involving a minor? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any communicable diseases? \_\_\_\_\_ If so, type: \_\_\_\_\_

Have you had any training and/or certification in CPR or first aid? Yes No

Why do you desire to be in the Children's Ministry? \_\_\_\_\_  
\_\_\_\_\_

Do you have any previous experience in Ministries at any other Calvary Chapels or any other church?

\_\_\_\_\_  
\_\_\_\_\_

Other experience ministering to children: \_\_\_\_\_  
\_\_\_\_\_

List any special spiritual gifts, education, or other factors that have prepared you to work with children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies & interests: (Things you like to do)

\_\_\_\_\_  
\_\_\_\_\_

## Spiritual

Are you a born again Christian? Yes No      How long have you been saved? \_\_\_\_\_

Brief Christian testimony (*Please indicate year of spiritual birth*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your spiritual walk with God at the present time: (*This is different from your testimony*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have read and agree with the Calvary Chapel doctrinal belief statement. If you have any (Initial here) Questions, doubts or disagreements please speak with the Children's Ministry Coordinator.

\_\_\_\_\_ I understand and comply with Calvary Chapels Eastvale Child Abuse Policy (Initial here)

\_\_\_\_\_ I am committed to attending either Sunday or midweek service adult worship service each (Initial here) week.

\_\_\_\_\_ I understand that if at any time I am arrested, accused, convicted of, or plead guilty to a (Initial here) crime that I will immediately bring it to the attention of the Children's Ministry Coordinator.

Please provide two references. **This is Mandatory.** List persons not related to you, who have known you at least one year. Please do not list Calvary Chapel Eastvale Pastor or anyone under the age of 18. Please provide the complete mailing address or email of each one. If the information is not complete, this questionnaire will be returned to you for complete reference information. Two reference letters must be received prior to approval to serve in the Children's Ministry.

**Please Print Clearly & Completely!**

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # (    ) \_\_\_\_\_ Relationship to this person: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # (    ) \_\_\_\_\_ Relationship to this person: \_\_\_\_\_

IF YOU DO NOT HEAR FROM US WITHIN 4 WEEKS AFTER TURNING IN THIS QUESTIONNAIRE, please call children's director or secretary at (951)339-2008.

In addition, if possible, list a pastor, elder, or other leader at Calvary Chapel Eastvale who can give you a reference. \_\_\_\_\_

Calvary Chapel Eastvale  
7056 Archibald Avenue suite 102-412  
Eastvale, CA 92880

**BACKGROUND INVESTIGATION CONSENT FORM**

I, \_\_\_\_\_, hereby authorize Calvary Chapel Eastvale and/or its agents to make an independent investigation of my background, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Questionnaire and/or obtaining other information, which may be material to my employment and/or volunteering with Calvary Chapel Eastvale.

I release Calvary Chapel Eastvale and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
How Long At This Address?

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Former Street Address

\_\_\_\_\_  
How Long At This Address?

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**When you turn the Questionnaire into  
the Children's Ministry, please have your drivers license  
available, so that a photocopy can be made of it.**

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 children's ministry. In consideration of the receipt and evaluation of this application by Calvary Chapel Eastvale, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**-PLEASE INDICATE AREAS OF INTEREST-**

1. I am interested in serving as a:  
 Teacher  Helper  Other \_\_\_\_\_
  
2. I am interested in working with:  
 Infants / toddlers / 2 Yr. Olds (*Birth - 2 Years*)       Preschool Age (*3 years - Kindergarten*)  
 Elementary Age (*1<sup>st</sup> - 5<sup>th</sup> Grade*)                               Any Area
  
3. I am available:  
Sunday:  10:30pm (*Sunday Morning*)  Any Service  
 Wednesday Evening (7:00 pm)        Other \_\_\_\_\_