

MINISTRY APPLICATION QUESTIONNAIRE

CALVARY CHAPEL EASTVALE

Thank you for your interest in serving at Calvary Chapel Eastvale. Everyone involved in serving at our fellowship is required to have an active Ministry Application Questionnaire on file. Completed Applications may be turned in at the Church's hospitality table or mailed to 7056 Archibald Street Suite 102-412; Eastvale, CA 92880. The information provide below is confidential and will be reviewed only by those necessary for approval. Once the application has been approved you will be contacted for placement in the area of ministry you would like to serve. Thank you and May the Lord bless you as you serve Him.

Date: _____

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS BELOW

(Please use additional paper if necessary)

Name: _____ Male () Female () Birth Date: _____

Address: _____ City: _____ Zip _____

Home Phone: () _____ Cell: () _____

E-Mail: _____ CDL: _____ Exp.Date: _____

Married: Yes () No () Spouse's Name: _____

How long have you been married? _____

A. Children: Yes () No ()

B. If Yes, please list names and ages of children: _____

1. How long have you consistently fellowshipped at Calvary Chapel East vale?

A. Do you consider Calvary Chapel Eastvale your home church? Yes No

B. Do you consider Pastor Dennisto be your pastor? Yes No

C. Are you submitted to the leadership of Calvary Chapel Eastvale? Yes No

D. Define your understanding of "submission": _____

2. Do you disagree with any of the teachings of Calvary Chapel Eastvale? If so, which ones and why? _____

3. I am interested in serving in the following Ministry: _____

Note: If you are applying to serve in the Children's Ministry please fill out the Children's ministry application.

- | | |
|--------------------------|-------------------|
| a. () Usher | f. () Evangelism |
| b. () Hospitality Table | g. () Missions |
| c. () Sound | h. () VBS |
| d. () Set up/Tear down | i. () Homeless |
| e. () Craft Developer | |

4. I am available to serve:
Sunday, 1st Service () Other Availability _____

5. Please tell us when you accepted the Lord Jesus Christ as your personal Lord and Savior _____

6. Please tell us how you became a Christian: _____

7. Describe your present relationship with the Lord? (Be honest) _____

8. What Christian authors (religious books), pastors and teachers have influenced you the most? _____

9. 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 the following essential doctrines. Please use Scripture references to support your answers:

A. God: The Trinity _____

B. Jesus Christ: Is He God? _____

C. Holy Spirit: What is the significance of the baptism of the Holy Spirit?

D. Is the gift of tongues always the initial evidence that you have been baptized by the Holy Spirit?

E. Gifts of the Holy Spirit: Are they all in operation today? _____

F. Sin: _____

G. Salvation: How is someone saved? _____

H. What part does "Works" play in Salvation? _____

I. The Scriptures: Is the Bible totally without error? _____

J. The Rapture of the Church: Before, in the middle of, or after the Tribulation? _____

10. Please answer the following questions:

a. Have you ever been charged with or convicted of Child Abuse or Sexual Misconduct? () Yes () No

b. Are you currently under investigation for a crime involving children or youth?

c. Are you currently engaged in legal or illegal substance abuse? () Yes () No

d. Do you have any objections to being fingerprinted as part of a background check?

e. Do you have any objections to being photographed? () Yes () No

If yes to any of the above, please explain: _____

REFERENCES

Please Print Clearly

11. Are you currently (or previously) involved in a Small group Bible Study at CCEV?
If yes please list Leader's name _____

12. Previous Church Attended: _____ Phone # _____
Address: _____ City _____ Zip _____
Area's where you served in: _____
Ministry Overseer: _____

Do you give us permission to call the reference listed above? _____
Why did you leave the church you previously attended? (Please be specific): _____

Please provide two (2) references. List persons who have known you at least one year and are NOT related to you. Please provide the complete contact information requested for each reference. Please note that this is a required part of the application process.

1. Name: _____ Years known: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ E-mail: _____

2. Name: _____ Years known: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ E-mail: _____

Please return this Questionnaire to the Hospitality Desk or mail to Calvary Chapel Eastvale 7056 Archibald Street, Suite 102-412; Eastvale, CA 92880

By signing below I affirm that the above information is true and correct. I hereby authorize disclosure of this information to ministry personnel deemed appropriate by Calvary Chapel Eastvale for the purpose of approval and/or placement within the Ministry. I authorize Calvary Chapel Eastvale to contact all sources of references listed in this questionnaire and conduct any necessary background check for the purpose of making an assessment for approval to serve at Calvary Chapel Eastvale.