Calvary Chapel

Children's Ministry Application and Questionnaire

Please return completed form to the Eric Meyerson, the information station, or the church office

Thank you for applying to serve in the Children's Ministry at Calvary Chapel. Everyone involved in any part of Children's Ministry at Calvary Chapel is required to have an active Ministry Application/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 Question	ons Below	Da	te:/
Name:(First) (Middle)		ale \Box Female I	Birth date:
(First) (Middle) Address:			
Previous Address:			
YY DI	G U D		
Home Phone: ()	Cell P	hone: ()_	
Work Phone: ()	May w	e call work? $\Box Y$	es □No
Occupation:	_ Place of Employme	nt:	
How long have you lived in Maine?			
Social Security# D	rivers License #		Expiration:
Marital Status: \Box <i>Married</i> \Box <i>Single</i> \Box <i>Divor</i>	ced □Separated		
Name(s) & Age(s) of children:	No No		
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church?	No		
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church? Previous Church:	No	Phone	; #
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church? Previous Church: Address:		Phone State	e#Zip:
Name(s) & Age(s) of children:		Phone State	e#Zip:
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church? Previous Church: Address:	No City: Ministr	Phone State	e#Zip:
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church? Previous Church: Address: Area(s) served in: Do you regularly attend Calvary Chapel?	No City: Ministr Yes □No attend here at Calvary Opm (Sunday Evening)	Phone State Ty Overseer:	e#Zip:
Name(s) & Age(s) of children: Is Calvary Chapel your home church? Where did you previously attend church? Previous Church: Address: Area(s) served in: Do you regularly attend Calvary Chapel? If so, how long have you attended? Please check the service(s) you consistently Sunday: 8:30am 10:30am 6:00	No City: Ministr Yes □No attend here at Calvary Opm (Sunday Evening) er	Phone State y Overseer: Chapel:	e# e:Zip:

Have you ever been <u>accused</u> or <u>charged</u> 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 as a Children's Minister here at Calvary Chapel or any other organization?
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 <u>present</u> time: (This is different from your testimony)

Please provide three references. <u>This is Mandatory</u>. List persons not related to you, who have known you at least one year. Please do not list anyone under the age of 18. Please provide the complete mailing address or email of each one.

Please Print Clearly & Completely

1. N	Name:	City:Relationship to this	Years known	n:
A	Address:	City:	State:	Zip:
F	Phone # ()	Relationship to this	person:	
2. N	Name:		Years know	1:
A	Address:	City:	State:	Zip:
F	Phone # ()	City: Relationship to this	person:	
3 N	Jame [.]		Years know	ı·
J. 1	Address:	City:	State:	Zip:
F	Phone # ()	City:Relationship to this	person:	
		Doctrinal		
It is	s important to us that those	teaching our children would be in ha	rmony with us on the	basic doctrinal issues.
□Yes	s □No □Unsure (Check o	ne)		
1.	A child under the age o	f 12 is too young to understand th	e Bible.	□Yes □No □Unsur
2.	Jesus Christ is fully Go	d and fully human.		□Yes □No □Unsur
3.	The Holy Spirit is an in	npersonal force. It is not God. It is	s not a person.	□Yes □No □Unsur
4.	When someone is sick, because they lack faith	the only reasons are: because the to be healed.	y have sinned or	□Yes □No □Unsur
5.	The Book of Mormon is	s another testimony of Jesus Chri	st.	□Yes □No □Unsur
6.	Do you believe in the b	odily resurrection of Jesus?		□Yes □No □Unsur
7.	God exists in three pers	ons; the Father, the Son, and the	Holy Spirit.	□Yes □No □Unsui
8.	Is baptism necessary for			□Yes □No □Unsui

9.	The Scriptures (<i>The Bible</i>) are the inspired Word of God, without error in the original writings.	□Yes □No □Unsure
10.	As long as you have enough faith, you will be healed.	□Yes □No □Unsure
11.	A five year old child is too young to understand salvation.	□Yes □No □Unsure
12.	The only proof of being baptized with the Holy Spirit is speaking in tongues.	□Yes □No □Unsure
13.	Jesus never claimed to be God, but was a good, moral teacher.	□Yes □No □Unsure
14.	Repentance is necessary for salvation.	□Yes □No □Unsure
15.	Does the Bible have answers to all of man's problems and questions?	□Yes □No □Unsure
16.	As Christians, does God hear our prayers?	□Yes □No □Unsure
17.	Do you believe the church will be raptured before the Tribulation period?	□Yes □No □Unsure
18.	God created the Heavens and the Earth in 6 literal days.	□Yes □No □Unsure
19.	Do you believe in the Second Coming of Christ?	□Yes □No □Unsure
20.	Do you believe the Second Coming of Christ has already happened?	□Yes □No □Unsure
21.	Why should a person be baptized?	
22.	How would you advise a parent who comes to you with this question: "My ten wants to know how he can get to heaven. How can I explain that to him?"	
Desc	cribe briefly the Ministry of the Church	
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Calvary Chapel of Bangor 154 River Road Orrington, Maine 04474

BACKGROUND INVESTIGATION CONSENT FORM

my background, ch both public and priv the information co	naracter, criminal, or povate organizations and alentained on my Questi	gents to make an independence of the public records for the pure onnaire and/or obtaining and/or volunteerism with	hose maintained by urpose of confirming other information,
which provides inf	ormation pursuant to the in regards to the inform	and/or its agents and artis authorization, from an nation obtained from any	y and all liabilities,
The following is my to the best of my kn		l name, and all information	on is true and correct
	Full No.	me (Printed)	
	ruii Nai	ne (Finited)	
	M.1 N	Oil N II I	
	Maiden Name o	r Other Names Used	
Present Street Address		How Long A	t This Address?
City / State		Zip Code	
Former Street Address		How Long A	t 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 office, 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 of Bangor, 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.	,	□ Preschool Age (4-5 years) □ Any Area
3.	I am available: Sunday: □ 8:30am □ 10:30am □ 6:00pm (Sunday) □ Wednesday Evening (6:00pm □ Other	ay Evening) Any Service