



calvarychristianchurch

the balanced ministry with a personal touch

APPLICATION FOR MINISTRY SERVICE AT CALVARY CHRISTIAN CHURCH

This application is to be completed by all applicants for any position (volunteer or compensated) for ministry at Calvary Christian Church. This application is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Likewise it will serve as a safe-guard to the entire flock of God as it relates to the qualification of all those involved in ministry at this church.

NAME _____ INTERVIEW DATE: _____

SOCIAL SECURITY NO. _____ BIRTHDATE: _____

PRESENT

ADDRESS: _____

Number Street

City

State

Zip

HOME TEL: (____) _____ CELL #: (____) _____ EMAIL: _____

PRESENT EMPLOYMENT: _____ WORK TEL: (____) _____

MARITAL STATUS: _____ NUMBER OF CHILDREN: _____

1. Have you come to the place in your spiritual life where you know for certain that if you were to die tonight you would go to heaven?
2. Suppose you were to die tonight and stand before God and He were to say to you, "Why should I let you into my heaven?" What would you say?
3. Have you been baptized in water? _____
4. Have you taken Intro to Ministry & Membership? (Please note that this course is required before you can serve)

5. Which Sunday morning worship service do you regularly attend?
6. How long have you been attending CCC? _____
Are you a member of Calvary Christian Church? _____ How Long? _____
If not a member of CCC, are you a member somewhere else? _____
7. What type of ministry work and service do you feel called to labor in? _____
8. Have you been involved in this kind of ministry before? _____ If so, where? _____
9. Why do you want to serve in this ministry? _____
10. On what date would you be available? _____ What is the minimum length of commitment that you are prepared to make at this time? _____
11. Do you know of any personal weakness or bad habits presently in your life that might be a spiritual "stumbling block" for those you would like to minister to? _____

12. Have you ever been convicted of , pled guilty to, or pled no contest to a criminal offense (excluding minor traffic violations)? _____ If so, please explain. _____

13. Are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration. _____ If yes, please explain. _____

14. Are you willing to submit to the leadership of those who will be over you in your particular area of ministry? _____

15. Will you agree to meet with Pastor Schmidt, or his designee, before resigning from this position? _____

DRIVING INFORMATION

Complete this portion if you will drive a vehicle as part of your volunteer service to the ministry. Clearance must be obtained from the ministry's insurance carrier before you drive any ministry vehicle.

Driver's License Number: _____ State of Issue: _____

Expiration Date: _____ Birthdate: _____

Type of License: ___ Operators ___ Commercial ___ Chauffeur ___ Other (Please Specify) _____

Do you have any restrictions on your driver's license? ___ Yes ___ No If yes, please note here: _____

Have you been involved in any motor vehicle accidents while driving during the past five years? ___ Yes ___ No
If yes, please list this question and describe each accident on a separate sheet.

Have you ever been convicted of any moving violations during the past five years? ___ Yes ___ No
If yes, please list this question and describe each conviction on a separate sheet.

Do you carry liability insurance on your automobile? ___ Yes ___ No
If yes, please identify the insurance company _____. If no, do not drive as a volunteer.
All volunteer drivers must have liability insurance coverage.

CHURCH ACTIVITY AND BACKGROUND

List (name & address) other churches you have attended regularly during the past 5 years.

List all previous church work, especially work involving young people (identify church and type of work).

List any gifts, callings, training, education or other factors that have prepared you for the area of ministry you are considering here at Calvary Christian Church. _____

PERSONAL REFERENCES

List at least two references from places of employment or prior volunteer service, especially regarding previous work with other youth-serving organizations. Additional references may be provided on a separate sheet of paper. References must meet the following criteria: must be over the age of 18; must not be a relative; and must have known you for at least one year.

A. Name _____ Length of time you've known this person _____
Address _____ City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Email Address _____ How do you know this person? _____

B. Name _____ Length of time you've known this person _____
Address _____ City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Email Address _____ How do you know this person? _____

List at least two references from within this faith community or ministry. References must meet the following criteria: must be over age 18 and must not be a relative.

A. Name _____ Length of time you've known this person _____
Address _____ City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Email Address _____ How do you know this person? _____

B. Name _____ Length of time you've known this person _____
Address _____ City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Email Address _____ How do you know this person? _____

APPLICANT'S STATEMENT

I hereby state the following:

1. Everything I have written in this application or said in my ministry interview is true to the best of my knowledge.
2. I waive my right to review what my references say about me, because I want them to be able to speak freely regarding their opinion regarding me.
3. I hereby release Lynnfield Calvary Christian Church, Inc, to use my information to determine my suitability for serving in ministry at the church. I also realize that Lynnfield Calvary Christian Church, Inc. will store my application, criminal records checks, and other documents at the church in compliance with Massachusetts State laws.
4. I understand this is a legally binding document. A scan or photocopy of this application shall be as valid as the original.
5. I understand that a criminal records check will be conducted on me, and I consent to any such check.

Applicant's Signature _____ Date _____

Pastor's Signature _____ Date _____