



Calvary Chapel of Richmond

Ministry Application

The following questions are designed to give us information that will assist us in filling available ministry positions. We are not looking for professionals, but rather individuals who have a strong commitment to and faith in Jesus Christ our Lord. This is a commitment to God and our body, therefore please pray and carefully fill out this application.

Whatever you do, do your work heartily, as for the Lord rather than for men ~ Colossians 3:23

Personal Information

Name _____ Male Female

Age _____ DOB _____ Marital Status _____ Spouse's Name _____

Do you have any children? Yes No Male? How many? _____ Female ? How many? _____

Children names? _____

Phone# () _____ - _____ Work# () _____ - _____ May we call? Yes No

Address _____ City _____ Zip _____

Driver License# _____ Are you employed? Yes No Where? _____

What type of work do you do there? _____

Would you mind being finger printed? Yes No Do you mind being photographed? Yes No

Do you have any communicable diseases? Yes No If so, what disease? _____

Have you ever molested or physically abused a minor? Yes No

Have you ever been convicted of or plead guilty to a felony? Yes No

If yes, please explain in the space provided below (answering yes does not automatically disqualify you from serving in a ministry):

Ministry Information

I would like to serve as:

Usher Sound Ministry Children's Ministry Worship Ministry Greeter Tape Ministry

Infant Toddler Ministry Cleaning Ministry Parking Ministry Other

I would like to serve: Once a month Twice a month

Sunday Mornings Wednesday Nights

Why do you desire to serve in the ministry?

Do you have any previous experience in the ministry with Calvary Chapel or another organization?

Do you have any special talents or abilities you would like to share?

Hobbies & Interests (Things you like to do)

Is Calvary Chapel your home church? Yes No

Where did you attend before? _____

How long have you attended Calvary Chapel of Richmond? _____

What studies are you presently and regularly attending at Calvary Chapel of Richmond?

Disclaimer -

You may be required to fill out a ministry specific form in combination with this application.

References

Please give two references that we may contact: Please, do not turn in your application without addresses completely filled in.

1. Name _____ Years Known _____ Phone# () _____ - _____
Address _____ City/State _____ Zip _____

2. Name _____ Years Known _____ Phone# () _____ - _____
Address _____ City/State _____ Zip _____

In addition, if possible, list a pastor, elder, or other minister at Calvary Chapel who could give you a reference. _____

Beliefs

Briefly state your beliefs on the following topics. This is not a test of your bible knowledge, but we do want to know what you believe regarding these doctrines. Feel free to use additional paper if necessary.

- Do you believe that the scriptures are infallible and verbally inspired by God?

- What is your understanding of the trinity? Is Jesus God?

- How do you know that you are saved?

- Why should a person be baptized?

- Why is the resurrection of Christ important?

- Do you believe that Jesus is coming again?

- Do you disagree with any of the teachings of Calvary Chapel of Richmond? If so, which ones, and why?

Reasons for trials and sickness (are all healed?)
