

CALVARY CHAPEL SANTA FE SPRINGS

GENERAL MINISTRY APPLICATION



12227 FLORENCE AVENUE, SANTA FE SPRINGS, CA 90670 | (562) 906-0697



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GENERAL MINISTRY APPLICATION

MINISTRY SELECTION

Please select the ministry or ministries in which you wish to serve:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Fill My Cup: Coffee Ministry | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Ushers & Greeters | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Worship Production |
| <input type="checkbox"/> Cleaning & Maintenance | <input type="checkbox"/> Proclaim: Social Media Team | <input type="checkbox"/> OTHER _____ |

GENERAL INFORMATION

Name: _____ Age: _____

Address: _____

Marital Status: Single Married Divorced

Email: _____

Phone Number: _____

Best day to contact: Mon Tue Wed Thu Fri Sat Sun

Best time to contact: Morning (9am-12pm) Afternoon (12pm-5pm) Evening (5pm-8pm)

Best way to contact Text Call Email

REFERENCES

REFERENCE # 1

Name: _____ Phone: _____

Relationship: _____

REFERENCE # 2

Name: _____ Phone: _____

Relationship: _____

SPIRITUAL HISTORY

Have you been born again (John 3:3-5)?

Yes No

Give a brief testimony of how you came to Christ:

How long have you been regularly attending services at CCSFS? Years: _____

Months: _____

How often do you attend services?

Weekly Monthly

Which services do you attend? 9am Sunday 11am Sunday 6pm Sunday 7pm Wednesday

Where did you attend church prior to coming to CC Santa Fe Springs?

What were the circumstances that brought you to CC Santa Fe Springs?

DESCRIBE PERSONAL SPIRITUAL WALK:

Personal Bible Study:

Personal Prayer Life:

Do you attend either of our church prayer meetings?

Yes No

If yes, which meetings and how often?

Do you attend any other group studies?

Yes No

If yes, which study and how often?

List at least two Bible teachers who have taught you outside CCSFS:

1. _____ 2. _____

List individuals that you know who are currently serving in ministries at CCSFS:

1. _____ 2. _____

DOCTRINAL BELIEFS

Please 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 these key doctrines. Feel free to use additional paper, if necessary.

Do you believe that the Scriptures are infallible and inspired by God?

Yes No

Have you been baptized in the Holy Spirit?

Yes No

Do you believe Jesus is coming again?

Yes No

What is your understanding of the Trinity? Is Jesus God?

How do you know you are saved?

Why should a person be baptized?

Why is the resurrection of Jesus Christ important?

What are the reasons for trials and sickness? Are all persons healed from sickness?

Why is the local church important in the life of the believer?

MINISTRY EXPERIENCE

List the ministries in which you have previously served here at CCSFS or else-

Ministry Name	Ministry Leader

List the spiritual gifts that you believe God has given you:

How do you see these gifts being used in the ministry you are applying to serve in?

What visions and goals has God given you for your future ministry?

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to provide you with any information that they may have regarding my character and fitness for ministry.

Signature: _____

Date: _____

If under 18 years of age, please provide your parent's or guardian's information below:

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____