



# MINISTRY QUESTIONNAIRE

DATE: \_\_\_\_\_

SERVICE TIME: \_\_\_\_\_

PLEASE PRINT CLEARLY AND USE A PEN

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ MALE ( ) FEMALE ( )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

CDL#: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MAY WE CALL YOU AT WORK? \_\_\_\_\_ SPECIFIC TIME? \_\_\_\_\_ WORK PH: ( ) \_\_\_\_\_

**PLEASE NOTE: ANYONE INVOLVED IN ANY PART OF THE MINISTRY HERE AT CALVARY CHAPEL, IS REQUIRED TO HAVE AN ACTIVE MINISTRY QUESTIONNAIRE ON FILE. A QUESTIONNAIRE WILL BE KEPT FOR EACH AREA OF SERVICE THAT YOU MAY BE INVOLVED WITH, AND IT IS NOT FOR PUBLIC DISCLOSURE.**

PLEASE ANSWER ALL QUESTIONS BELOW

1. (FOR CHILDREN'S MINISTRY USE) HAVE YOU EVER BEEN CONVICTED OF A FELONY?: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2. HOW LONG HAVE YOU BEEN A CHRISTIAN?: \_\_\_\_\_ PLEASE GIVE US A BRIEF TESTIMONY OF HOW YOU BECAME A CHRISTIAN: \_\_\_\_\_

3. HOW LONG HAVE YOU ATTENDED CALVARY CHAPEL? : \_\_\_\_\_ WHICH SERVICE? : \_\_\_\_\_

4. WHAT CHURCH DID YOU PREVIOUSLY ATTEND? : \_\_\_\_\_ HOW LONG? : \_\_\_\_\_

5. LIST THE MINISTRIES YOU HAVE PREVIOUSLY BEEN INVOLVED IN AND FOR HOW LONG: \_\_\_\_\_

6. WHAT MINISTRY ARE YOU INTERESTED IN? : \_\_\_\_\_ WHY? : \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

**WE BELIEVE THAT IT IS VERY IMPORTANT FOR ANYONE SERVING IN THE MINISTRY HERE AT CALVARY CHAPEL, TO HAVE A SOLID BIBLICAL UNDERSTANDING OF IMPORTANT CHURCH DOCTRINE. IN THE SPACE PROVIDED, PLEASE STATE YOUR BELIEFS ON EACH OF THE SUBJECTS LISTED. IF YOU KNOW THE SCRIPTURE REFERENCE TO SUPPORT YOUR VIEW, PLEASE LIST IT. IF YOU NEED ADDITIONAL SPACE, FEEL FREE TO ATTACH AN ADDITIONAL SHEET.**

1. **DO YOU BELIEVE THAT JESUS IS GOD? : \_\_\_\_\_ CAN YOU PROVE IT SCRIPTURALLY? :**  
\_\_\_\_\_  
\_\_\_\_\_
2. **DO YOU BELIEVE IN THE TRINITY? :** \_\_\_\_\_  
\_\_\_\_\_
3. **WHAT IS THE BAPTISM OF THE HOLY SPIRIT? :** \_\_\_\_\_  
\_\_\_\_\_
4. **DO YOU BELIEVE THE GIFTS ARE FOR TODAY? : \_\_\_\_\_ DO YOU BELIEVE IN THE USE OF ALL THE GIFTS? :** \_\_\_\_\_  
\_\_\_\_\_
5. **GIVE REASONS FOR TRIALS AND SICKNESS (ARE ALL HEALED?):** \_\_\_\_\_  
\_\_\_\_\_
6. **HOW IS SOMEONE SAVED? HOW CAN WE BE SURE? :** \_\_\_\_\_  
\_\_\_\_\_
7. **WHAT IS THE SIGNIFICANCE OF WATER BAPTISM? :** \_\_\_\_\_  
\_\_\_\_\_
8. **GIVE YOUR VIEW ON THE RAPTURE OF THE CHURCH (I.E. WHEN WILL IT TAKE PLACE?):** \_\_\_\_\_  
\_\_\_\_\_
9. **DO YOU DISAGREE WITH ANY OF THE TEACHINGS OF CALVARY CHAPEL? IF SO, WHICH ONES, AND WHY? :**  
\_\_\_\_\_  
\_\_\_\_\_

**FOR THE WELL-BEING OF ALL, PLEASE GIVE TWO REFERENCES (NO RELATIVES PLEASE!) WHO HAVE KNOWN YOU FOR AT LEAST 1 YEAR.**

1. **NAME:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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2. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

I HAVE ANSWERED ALL THE QUESTIONS TO THE BEST OF MY ABILITY AND UNDERSTAND THAT THIS FORM DOES NOT GUARANTEE I WILL SERVE IN ANY MINISTRY. \_\_\_\_\_

(SIGNATURE)

IF YOU DO NOT HEAR FROM US WITHIN A WEEK AFTER RETURNING THE QUESTIONNAIRE, PLEASE CONTACT US AT THE CHURCH OFFICE. THANK YOU FOR YOUR PRAYERFUL CONSIDERATION AND INVOLVEMENT IN THE MINISTRIES OF CALVARY CHAPEL CORONA