

Calvary Chapel Bible Fellowship

Ministry / Membership Information Update

Please pray before filling out this update.

PERSONAL INFORMATION	
NAME:	PHONE:
PREFERRED FORM OF CONTACT: TEXT - PHONE CALL - EMAIL	
ADDRESS (IF DIFFERENT):	
EMAIL:	
EMPLOYER:	
TYPE OF WORK:	
Do you have any communicable diseases? Yes No If yes, please explain:	
Are there any teachings of CCBF that you disagree with? Yes No If yes, please explain:	
MARITAL STATUS:	Spouse's Name: Spouse's Phone:
If married, please have your spouse sign here stating that he/she is in agreement with you serving here at CCBF and understands the time commitment.	SPOUSE'S SIGNATURE: X
GENERAL INFORMATION	
List all ministries you are involved in:	
Do you want to remain in your current ministry – or change ministries? Why?	
What Sunday service do you attend with your family?	7:45 9:30 11:30 6:30
Do you smoke cigarettes, consume marijuana or edibles, and/or vape?	Yes No
Do you drink alcohol or consume THC (Tetrahydrocannabinol)?	Yes No
Do you use any illegal substances?	Yes No
If you circled yes to any of the above, would you be willing to abstain for the sake of the body of Christ?	Yes No N/A
<small>The information contained in this update is correct to the best of my knowledge. I authorize any references listed in this update to give you any information that they may have regarding my character and fitness for the ministry I am applying. In consideration of the receipt and evaluation of this update by Calvary Chapel, 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 may 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 update.</small>	
PRINT FULL NAME:	
SIGNATURE:	DATE:

Please DO NOT turn in this update without a current picture. Thank you

