

Calvary Chapel Bible Fellowship

*"Grow in the grace and knowledge of our Lord and Savior Jesus Christ. To Him be the glory both now and forever, Amen."
2 Peter 3:18*

Ministry / Membership Information Update

The following questions are designed to give us information, which will assist us in available Ministry positions. We are looking for individuals who have a strong commitment and faith in Jesus Christ our Lord. Becoming involved in ministry is a commitment to God and the body. **Please pray before filling out this application.**

PERSONAL INFORMATION	
NAME:	TODAY'S DATE:
DOB:	SSN:
ADDRESS:	PHONE: ()
Years lived at address:	If less than three (3) years give previous address:
EMPLOYER:	WORK PHONE: ()
TYPE OF WORK:	
Do you have any communicable diseases? Yes / No	
If yes, explain:	

Would you mind being fingerprinted? Yes / No	Would you mind being photographed? Yes / No
MARITAL STATUS: Single Married Divorced	Widowed
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	
Current Ministry 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?	Yes / No
Do you drink alcohol?	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

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application 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 application 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 application.

PRINT FULL NAME:
SIGNATURE:
DATE:

PLEASE DO NOT TURN THIS UPDATE IN WITHOUT AN ATTACHED PHOTOCOPY OF YOUR CURRENT DRIVERS LICENSE. THANK YOU