



# MINISTRY QUESTIONNAIRE

**Please print clearly**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May you receive personal calls at your place of work? \_\_\_\_\_

Trade or profession: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Years There? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name (if applicable) \_\_\_\_\_

Children: \_\_\_\_\_ Names and Ages (if applicable) \_\_\_\_\_

- 
- Are you saved/born again? \_\_\_\_\_ When? \_\_\_\_\_
  - Have you been water baptized? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
  - Where would you like to serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - When are you available to serve? \_\_\_\_\_
  - How long have you fellowshiped at Calvary Chapel? \_\_\_\_\_
  - Which service(s) do you attend? \_\_\_\_\_ How often? \_\_\_\_\_

Which statement best describes you? (Check one)

- I have no experience in serving in this area of ministry, but I am eager to learn
- I have very little experience, but I am learning
- I have a lot of experience in this area

**Everyone who serves at Calvary Chapel must:**

- ✓ Be born again and have a clear testimony
- ✓ Honor Jesus Christ as the number one priority in your life
- ✓ Attend Calvary Chapel's church services regularly
- ✓ Be reliable, dependable, committed
- ✓ Agree with Calvary Chapel's Statement of Faith with no reservations

Please read Calvary Chapel's **What We Believe** document carefully.

◆ Do you agree with it? Yes \_\_\_ No \_\_\_ Do you any reservations or questions? \_\_\_\_\_

DESCRIBE WHEN AND HOW YOU WERE SAVED/BORN AGAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR CURRENT WALK WITH THE LORD: (Devotions, Prayer, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF? (Gifts, Skills, Experiences)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT CHURCHES HAVE YOU FELLOWSHIPED AT BEFORE?

Church	Dates	Reason Left
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

PERSONAL REFERENCES: (PLEASE PROVIDE COMPLETE INFORMATION)

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_