## CHILDREN'S MINISTRY APPLICATION

Return this completed form to your Children's Ministry leader.

The following questions are designed to give us information which will assist us in getting to know you and how you may be a part of the Children's Ministry here at Calvary Chapel Saint Paul. We are not looking for professionals, but rather individuals who have a strong commitment to and faith in Jesus Christ our Lord. Becoming a children's minister is a commitment to God and to the body, therefore please pray and read the "Children's Minister's Responsibilities" page before filling out this application.

PERSONAL DATA			Date:		
Name:			Male	Female	
Address:				Birth date	
City:	State:		Zip:		
Email address:					
Marital Status:	Spouse's N	Name:			
Phone: (Home)				Work)	
Driver's License #:					
Employer:			Position:		
Address:					
What type of work do you do th					
Names and ages of children:					
_					
Do you agree to be photographed.  Do you have any communicable If yes, which diseases?  Have you ever molested or phys. Have you ever been convicted of If yes, describe fully:	e diseases? (circle or sically abused a min of, or pleaded guilty	or? to a felony	YES NO Y? YES	NO	
Children's Min	nister (Teacher) nister (Aid) nistry Support (Reso	ource Coor	dinator)		

Why do you desire to be in the Children's Ministry?
Do you have any previous experience as a Children's Minister with Calvary Chapel or another organization?
Other experience ministering to children:
Do you have any special talents or abilities you would like to share with the children?
What are your hobbies and interests (things you like to do):
SPIRITUAL DATA  Brief Christian Testimony (indicate the year of your spiritual birth):

Is (	Calvary Chapel your home church? YES NO
Wh	nere did you attend church before?
Но	w long have you attended Calvary Chapel Saint Paul?
Wh	nat studies are you presently and regularly attending at Calvary Chapel Saint Paul?
	ase give two references whom we may contact: Please do not turn in your application without this information <b>npletely</b> filled in.
1.	Name:          Phone #:
	Address:
2.	Name:          Years known:          Phone #:
	Address:
In a	addition, if possible, list a pastor, elder or other minister at Calvary Chapel who could give you a reference.
	efly state you believe on the following. This is not a test of your Bible knowledge, but we do want to know what believe regarding these key doctrines: Feel free to use additional paper if necessary.
A.	Do you believe that the scriptures are infallible and verbally inspired of God?
В.	What is your understanding of the Trinity?
C.	Is Jesus God?
D.	Does your relationship with God make you sure you will go to heaven when you die?
E.	What do you think are God's requirements for you to get into heaven?
F.	Why should a person be baptized?
G.	Do you believe that Jesus is coming again?
H.	Do you disagree with any of the teachings of Calvary Chapel Saint Paul? If so, which ones and why?
Ι.	What is the reason for trials and sickness? Are all healed?

Describe your spiritual walk with God at the present time:	
By signing below I represent and certify that the information contained in this application is complete and the best of my knowledge. I authorize any references listed in this application to give Calvary Chapel Saint its representatives any and all information that they may have regarding my character and fitness for set children's ministry, and around children and youth. In consideration of the receipt and review of this application? Calvary Chapel Saint Paul, I hereby authorize Calvary Chapel Saint Paul to perform background investigme, including but not limited to criminal records checks, Social Security screening and driving records set further authorize such investigations in the future from time to time as I remain serving at Calvary Chapel SI also hereby release all individuals, churches, youth organizations, charities, employers, references or person or organization, including record custodians, both collectively and individually, from any and all liadamages of whatever kid or nature that may at any time result to me, my heirs, or family, because of company attempts to comply, with this authorization. I waive any rights that I may have to inspect any in provided about me by any person or organization identified by me in this application or otherwise information about me with regard to this application.	t Paul an rving in ication b gations of earches. Saint Pau any other ability for pliance of formatio
Signature	
Date	

## BUREAU OF CRIMINAL APPREHENSION INFORMED CONSENT

1430 Maryland Ave. E., Saint Paul, MN 55106

I am requesting a Bureau of Criminal Apprehension record Check.

## **IDENTIFYING INFORMATION:**

Name of individual on whom information is requested. (Please print.)

Last Name	First Name	First Name F		ull Middle Name		
Maiden and/or Previous Names			Birthdate (min/dd/yy)			
Address		City		State	Zip	
information to Calvar	ota Bureau of Criminal App ry Chapel Saint Paul for t ll expire one (1) year from t	he purpose of wo	rking in the			
Date		signature				
State of						
County of						
Signed or attested befo	Date	by name o	f person			