

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: _____ Age _____ Birth date _____
City: _____ State: _____ Zip: _____
Email address: _____
Marital Status: _____ Spouse's Name: _____
Phone: (Home) _____ (Cell) _____ (Work) _____
Driver's License #: _____ Social Security #: _____
Employer: _____ Position: _____
Address: _____
What type of work do you do there? _____
Names and ages of children: _____

Do you agree to be fingerprinted? (circle one) **YES** **NO**
Do you agree to be photographed? (circle one) **YES** **NO**
Do you have any communicable diseases? (circle one) **YES** **NO**

If yes, which diseases? _____

Have you ever molested or physically abused a minor? **YES** **NO**
Have you ever been convicted of, or pleaded guilty to a felony? **YES** **NO**

If yes, describe fully: _____

CHILDREN'S MINISTRY DATA

I would prefer to begin as:
_____ Children's Minister (Teacher)
_____ Children's Minister (Aid)
_____ Children's Ministry Support (Resource Coordinator)

I am interested in serving:
_____ Sunday Morning
_____ Thursday Evening
_____ 2 – 4 year old _____ 5 – 6 year old
_____ 7 – 8 year old _____ 9 – 12 year old

Is Calvary Chapel your home church? YES NO

Where did you attend church before? _____

How long have you attended Calvary Chapel Saint Paul? _____

What studies are you presently and regularly attending at Calvary Chapel Saint Paul? _____

Please give two references whom we may contact: Please do not turn in your application without this information **completely** filled in.

1. Name: _____ Years known: _____ Phone #: _____

Address: _____

2. Name: _____ Years known: _____ Phone #: _____

Address: _____

In addition, if possible, list a pastor, elder or other minister at Calvary Chapel who could give you a reference. ____

Briefly state you believe on the following. This is not a test of your Bible knowledge, but we do want to know what you 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?

B. 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?

I. What is the reason for trials and sickness? Are all healed?

CALVARY CHAPEL SAINT PAUL

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	Full Middle Name	
Maiden and/or Previous Names		Birthdate (mm/dd/yy)	
Address	City	State	Zip

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to **Calvary Chapel Saint Paul** for the purpose of working in the Children's Ministry.

This authorization shall expire one (1) year from the date of my signature.

_____ Date

_____ signature

State of _____

County of _____

Signed or attested before me on _____ by _____
Date name of person

_____ signature of notarial officer