

Calvary Chapel of Grace and Truth Children's Ministry Questionnaire

Please return completed form to the Children's Ministry Overseer

Thank you for applying to serve in the Children's Ministry at Calvary Chapel of Grace and Truth. Everyone involved in any part of Children's Ministry at Calvary Chapel of Grace and Truth is required to have an active Ministry Questionnaire on file. Please be aware that a background check is conducted on each applicant as a matter of church policy for the protection of the children God has entrusted to our care. The information provided below is confidential and will be reviewed, only by those necessary, for approval and placement.

Please Print Clearly & Answer All Questions Below

Date: ___/___/___

Name: _____ Male Female Birth date: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip: _____ How Long: _____

Previous Address: _____ City: _____ Zip: _____ How Long: _____

Home Phone: (____) _____	Cell Phone: (____) _____
Work Phone: (____) _____	May we call work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Occupation: _____ Place of Employment: _____

How long have you lived in NY? _____

Social Security# _____ Drivers License # _____ Expiration: _____

Marital Status: Married Single Divorced Separated

If married, please have your spouse sign stating that he/she is in agreement with you serving here at CCOGT and understands the commitment involved: <input checked="" type="checkbox"/> _____
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Name(s) & Age(s) of children: _____

Is Calvary Chapel of Grace and Truth your home church? Yes No

Where did you previously attend church? _____

Previous Church: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Area(s) served in: _____ Ministry Overseer: _____

Do you regularly attend Calvary Chapel of Grace and Truth? Yes No

If so, how long have you attended? _____

Please check the service(s) you consistently attend here at Calvary Chapel of Grace and Truth:

Sunday: 10:30am

7:30pm Wednesday Evening Other _____

Would you mind being fingerprinted? Yes No Would you mind being photographed? Yes No

Have you ever been accused, convicted, or pleaded guilty to a felony? Yes No

If yes, please explain: _____

Have you ever been accused or charged with a crime or incident involving a minor? Yes No
If yes, explain: _____

Do you have any communicable diseases? _____ If so, type: _____

Have you had any training and/or certification in CPR or first aid? Yes No

Why do you desire to be in the Children's Ministry? _____

Do you have any previous experience as a Children's Minister here at Calvary Chapel of Grace and Truth or any other organization? _____

Other experience ministering to children: _____

List any special spiritual gifts, education, or other factors that have prepared you to work with children.

Hobbies & interests: (Things you like to do)

Spiritual

Are you a born again Christian? Yes No How long have you been saved? _____

Brief Christian testimony *(Please indicate year of spiritual birth)*

Describe your spiritual walk with God at the present time: *(This is different from your testimony)*

Please provide three references. **This is Mandatory.** List persons not related to you, who have known you at least one year. Please do not list anyone under the age of 18. Please provide the complete mailing address or email of each one. If the information is not complete, this questionnaire will be returned to you for complete reference information. All three reference letters must be received prior to approval to serve in the Children's Ministry.

Please Print Clearly & Completely!

1. Name: _____ Years known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone # () _____ Relationship to this person: _____

2. Name: _____ Years known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone # () _____ Relationship to this person: _____

3. Name: _____ Years known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone # () _____ Relationship to this person: _____

In addition, if possible, list a pastor, elder, or other leader at Calvary Chapel of Grace and Truth who can refer you _____.

Doctrinal

It is important to us that those teaching our children would be in harmony with us on the basic doctrinal issues.

Yes No Unsure (Check one)

1. A child under the age of 12 is too young to understand the Bible. Yes No Unsure
2. Jesus Christ is fully God and fully human. Yes No Unsure
3. The Holy Spirit is an impersonal force. It is not God. It is not a person. Yes No Unsure
4. When someone is sick, the only reasons are: because they have sinned or because they lack faith to be healed. Yes No Unsure
5. The Book of Mormon is another testimony of Jesus Christ. Yes No Unsure
6. Do you believe in the bodily resurrection of Jesus? Yes No Unsure
7. God exists in three persons; the Father, the Son, and the Holy Spirit. Yes No Unsure
8. Is baptism necessary for salvation? Yes No Unsure

9. The Scriptures (*The Bible*) are the inspired Word of God, without error in the original writings. Yes No Unsure
10. As long as you have enough faith, you will be healed. Yes No Unsure
11. A five year old child is too young to understand salvation. Yes No Unsure
12. The only proof of being baptized with the Holy Spirit is speaking in tongues. Yes No Unsure
13. Jesus never claimed to be God, but was a good, moral teacher. Yes No Unsure
14. Repentance is necessary for salvation. Yes No Unsure
15. Does the Bible have answers to all of man's problems and questions? Yes No Unsure
16. As Christians, does God hear our prayers? Yes No Unsure
17. Do you believe the church will be raptured before the Tribulation period? Yes No Unsure
18. God created the Heavens and the Earth in 6 literal days. Yes No Unsure
19. Do you believe in the Second Coming of Christ? Yes No Unsure
20. Do you believe the Second Coming of Christ has already happened? Yes No Unsure
21. Why should a person be baptized? _____

22. How would you advise a parent who comes to you with this question: **“My ten-year-old son wants to know how he can get to heaven. How can I explain that to him?”** _____

Describe briefly the Ministry of the Church.

Do you disagree with any of the teachings at Calvary Chapel of Grace and Truth? Yes No
If so, which one(s), and why?

Calvary Chapel of Grace and Truth
1373 Nepperhan Ave. Yonkers, N.Y. 10703
914. 410. 4830
www.ccogt.org

BACKGROUND INVESTIGATION CONSENT FORM

I, _____, hereby authorize a Calvary Chapel of Grace and Truth and/or its agents to make an independent investigation of my background, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Questionnaire and/or obtaining other information, which may be material to my employment and/or volunteerism with Calvary Chapel of Grace and Truth.

I release Calvary Chapel of Grace and Truth and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Street Address

How Long At This Address?

City / State

Zip Code

Former Street Address

How Long At This Address?

City / State

Zip Code

Date of Birth

Social Security Number

Driver's License Number

State of License

Signature

Date

**When you turn the Questionnaire into
the Children's Ministry Overseer, please have your drivers
license available, so that a photocopy can be made of it.**

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 children's ministry. In consideration of the receipt and evaluation of this application by Calvary Chapel of Grace and Truth, 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 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.

Applicant's Signature: _____

Print name: _____ Date: _____

-PLEASE INDICATE AREAS OF INTEREST-

1. I am interested in serving as a:
 Teacher Helper/Aide Other _____

2. I am interested in working with:
 Infants / toddlers / 2 Yr. Olds (*Birth - 2 Years*) Preschool Age (*3 years - Kindergarten*)
 Elementary Age (*1st - 6th Grade*) Any Area

3. I am available to serve on:
Sunday: 10:30am
 Wednesday Evening (7:30pm) Other _____ Both _____