



## Ministry Questionnaire

Please prayerfully fill out the following information and return the completed Ministry Questionnaire to Calvary Chapel Dayton Valley, 28 Enterprise Way, Dayton, NV 89403, as soon as possible. This application does not guarantee an opening in any of these areas, but will give us an idea of the talents and gifts that you bring to our body. We will keep this application on file for future reference should certain areas become available. Please note that certain areas may require further application procedures. May the Lord bless you in this endeavor.

### General Information:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female      Marital Status  Married  Single  Divorced  Widowed

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain. (Use additional paper if necessary) \_\_\_\_\_

Are there any issues in your personal background that might disqualify you from Ministry? Please explain the details of any issue that might be viewed as disqualifying you or might be viewed as causing others to stumble in relation to the qualifications for Ministry given in Timothy and Titus. (Use additional paper if necessary) \_\_\_\_\_

### Personal References:

Name \_\_\_\_\_ Years Known \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

May we contact this person?  Yes  No

Name \_\_\_\_\_ Years Known \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

May we contact this person?  Yes  No

**Please Check the Ministries You May Be Interested In:**

**Children's Ministry**

Service:      Time:  
 Sunday       10:00AM  
 Thursday     7:00PM

Class:  
 Nursery  Children's Church

Role:  
 Teacher  Helper  Substitute

**Worship Ministry\* (Add'l. Application Required)**

Service:      Time:  
 Sunday       10:00AM  
 Thursday     7:00PM

Do you play an instrument?  Yes  No

If yes, what instrument? \_\_\_\_\_

Formal Musical Training?  Yes  No

If yes, where? \_\_\_\_\_

**Helps Ministry**

Encouragement  
 Hospitality (home cooked meals for the ill)  
 Hospital/Retirement Visits  
 Other \_\_\_\_\_

**Motorcycle Ministry**

Active Riding Member                       Non Riding Support Member

**Prayer Chain:**

We send out prayer requests via e-mail. If you would like to receive prayer chain updates, please provide your email address below:

\_\_\_\_\_

**Youth (Teen) Ministry**

Service:      Time:  
 Sunday       10:00AM  
 Thursday     7:00PM

Role:  
 Teacher  Helper  Substitute

**Sound Ministry**

Service:      Time:  
 Sunday       10:00AM  
 Thursday     7:00PM

**Ushering Ministry**

Service:      Time:  
 Sunday       10:00AM  
 Thursday     7:00PM

**Special Events Set-Up/Tear Down**

\_\_\_\_\_

**Spiritual Profile:**

Is Calvary Chapel Dayton Valley your home church? \_\_\_ Yes \_\_\_ No

If yes, how long have you been attending? \_\_\_\_\_

Which service(s) are you presently and regularly attending? \_\_\_\_\_

What is your current church involvement? \_\_\_\_\_

Previous church: \_\_\_\_\_ How long did you attend that church? \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Church Phone #: (\_\_\_\_) \_\_\_\_\_

May we contact this Pastor? \_\_\_Yes \_\_\_No

What ministries were you involved in? \_\_\_\_\_

Share a little about how the Lord used you: \_\_\_\_\_

**Describe your:**

Personality: \_\_\_\_\_

Relationship with others: \_\_\_\_\_

Personal strengths: \_\_\_\_\_

Personal weaknesses: \_\_\_\_\_

Spiritual Gifts: \_\_\_\_\_

**Talents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Salvation Experience (Please include an approx. date):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current relationship with the Lord in terms of your devotional and prayer life:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please write a brief, but concise, statement of your belief regarding the following:**

**God:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Jesus Christ:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Holy Spirit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sin:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Bible:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Salvation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Baptism:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Rapture:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or youth ministry. In consideration of the receipt and evaluation of this application by Calvary Chapel Dayton Valley, 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 my 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.

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