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CALVARY CHAPEL AURORA MINISTRY APPLICATION & QUESTIONNAIRE

18900 E. Hampden Avenue Aurora, CO 80013 303.628.7200

APPLICANT INFORMATION

Name _____ Today's Date _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

How long have you lived at your current address? _____

Daytime Phone No. _____ Evening Phone No. _____ Cell Phone No. _____

E-mail Address _____

Marital Status _____ Spouse Name _____

Children Names and Ages _____

Occupation _____ Employer _____

WHERE WOULD YOU LIKE TO SERVE?

Ministry #1: _____ Ministry #2: _____ Ministry #3: _____

Preferred Service: Sunday 8:45 AM Sunday 10:45 AM Wednesday 7:00 PM Saturday 6:00 PM

CHURCH HISTORY/SPIRITUAL BELIEFS

1. How long have you been attending Calvary Chapel Aurora? _____

2. Which services and other fellowship activities do you regularly attend? _____

3. Have you read and do you fully agree with the Calvary Chapel Aurora statement of faith (attached)? Yes No
 If No, please note reservations _____

4. Where did you fellowship (go to church) before coming to Calvary Chapel Aurora? What was the reason for leaving?

Church Name	Location	Dates Attended	Reason for Leaving

Church Name	Location	Dates Attended	Reason for Leaving

5. Are you satisfied with your relationship with Jesus Christ? Why or why not? Are you presently under the Lordship of Christ? (See 1 Peter 3:15; Hebrews 3:14)

6. Serving in the ministry at Calvary Chapel Aurora requires diligence and faithfulness to your commitment.

- a. Are you willing to be faithful in your commitment to this ministry? (1 Corinthians 4:2) Yes No
- b. Are you willing to joyfully submit to the ministry leadership? (Hebrews 13:17) Yes No
- c. Have you counted the cost of ministry? (Luke 14:28) Yes No
- d. Have you listened to Servanthood CD set (free online or from lending library) Yes No

7. Briefly describe your Salvation experience (how and where you were saved). Use another sheet if necessary.

8. What type of ministry/service experience do you have? What gifts or talents do you possess?

REFERENCES

1. Please provide two personal references that are not related to you.

REFERENCE 1	<input type="checkbox"/> contacted?	REFERENCE 2	<input type="checkbox"/> contacted?
Name		Name	
Address		Address	
State	ZIP	State	ZIP
Telephone Number		Telephone Number	
Number of Years Known		Number of Years Known	

2. Have you ever been accused of, or arrested for anything other than a traffic violation? No Yes- please explain:

3. If a background check is needed for any volunteer position at CCA, do you authorize Calvary Chapel Aurora to perform a criminal and civil background check? No Yes- **please complete the following:**

- a. I have provided a copy of my driver’s license. No Yes
- b. Are you willing to submit to finger printing? No Yes
- c. Are you willing to be photographed? No Yes
- d. Please read and provide the following information:

<i>I voluntarily and knowingly authorize for credentialing purposes only, any present or past employer or supervisor, law enforcement agency, state or federal agency, private business, military branch, personal reference, and/or other persons, to give any and all records or information they may have concerning my criminal history, general reputation, character, or any other information requested to Calvary Chapel Aurora and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.</i>	
Signature	PRINT Full Name
Date of Birth	PRINT Maiden Name
Place of Birth	PRINT All Aliases (Last Name only, unless name has changed)
Date Moved to Colorado	
<i>Note: Your SSN is required for background check. Once obtained, your information will remain confidential and will be protected, by all means practical, from fraudulent use.</i>	

*If you are interested in working with **children** at Calvary Chapel Aurora (Infant to High School), please complete the additional questions on page 3.*

PLEASE TURN IN YOUR COMPLETED APPLICATION TO THE MINISTRY CENTER.

CALVARY CHAPEL AURORA
MINISTRY APPLICATION & QUESTIONNAIRE
CHILDREN & YOUTH ADDENDUM

WHERE WOULD YOU LIKE TO SERVE?

CHILDREN'S MINISTRIES area where you would like to serve (check all that apply)

- No preference; I am open to serve in the greatest area of need
Church Child Care Team/Home Group
Infants and Toddlers (Ages 0-2)
Preschool (Ages 3-4)
PreK & Kindergarten (Ages 5-6)
1st Grade
2nd Grade
3rd Grade
4th Grade
5th Grade
6th Grade
AWANA/Bible Club
Vacation Bible School
Children's Hospital Outreach/Any Outreach
Children's Choir/Drama Team
Puppetry
Kids Worship
Children's Ministries Office (filing, copying, lesson prep/research, etc.)

YOUTH MINISTRIES area where you would like to serve (check all that apply)

- No preference; the greatest area of need
Jr. High
High School
Youth Missions

PREFERRED SERVICE (check all that apply)

- Sunday 8:45 AM
Sunday 10:45 AM
Wednesday 7:00 PM
Saturday 6:00 PM
Home Group

1. Why do you want to serve the children at Calvary Chapel Aurora?
[Blank lines for answer]

2. Do you know how to lead a child to Christ? Yes No Please explain.
[Blank lines for answer]

3. Previous Address (use additional paper if necessary to provide 10 years' of addresses)

Table with 5 columns: Street, City, State, Zip Code, Dates of Residence. Three rows for previous addresses.

4. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of young people? No Yes- please explain
[Blank lines for answer]

5. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? No Yes- please explain
[Blank lines for answer]

Signature PRINT FULL NAME Date

