

Calvary Chapel of Alpine
Children's Ministry Questionnaire

Please return completed form to the **Children's Ministry Director**

Thank you for applying to serve in the Children's Ministry at Calvary Chapel Alpine. Everyone involved in any part of Children's Ministry at Calvary Chapel Alpine 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? ☐ Yes ☐ No

Occupation: _____ Place of Employment: _____

How long have you lived in CA? _____

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 CCA
and understand the time commitment: ☒ _____

Name(s) & Age(s) of children: _____

Is Calvary Chapel Of Alpine 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 CCA? ☐ Yes ☐ No

If so, how long have you attended? _____

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 CCA 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 a CCA Pastor or 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.

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: _____

IF YOU DO NOT HEAR FROM US WITHIN 2 WEEKS AFTER TURNING IN THIS QUESTIONNAIRE, please come in or call CCA.

In addition, if possible, list a pastor, elder, or other leader at CCA who can give you a reference. _____

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. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 2. Jesus Christ is fully God and fully human. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 3. The Holy Spirit is an impersonal force. It is not God. It is not a person. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 4. When someone is sick, the only reasons are: because they have sinned or because they lack faith to be healed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 5. The Book of Mormon is another testimony of Jesus Christ. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 6. Do you believe in the bodily resurrection of Jesus? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 7. God exists in three persons; the Father, the Son, and the Holy Spirit. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| 8. Is baptism necessary for salvation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| | |
| 9. The Scriptures (<i>The Bible</i>) are the inspired Word of God, without error in the original writings. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Alpine? ☐Yes ☐No

If so, which one(s), and why?

**When you turn the Questionnaire into
the Children's Ministry, 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 Alpine, 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 ☐ Other _____
2. I am interested in working with:
☐ Infants / toddlers / 2 Yr. Olds (*Birth - 2 Years*) ☐ Preschool Age (*3 -5 years*)
☐ Elementary Age (*6-11 years*) ☐ Any Area