



**CALVARY CHAPEL SAN DIEGO  
CHILDREN'S MINISTRY APPLICATION**

This application is designed to help us know you better. Everyone who works with children is required to submit this information before we can place them in a position of ministry. We are looking for faithful, committed Christians who love children and desire to see them know, love and serve Jesus. Please fill out this application completely. Use the back if you need more room. The information you provide will be kept confidential. We reserve the right to screen applicants for positions of ministry. Thank you for your desire to serve God by ministering to His children.

SID # \_\_\_\_\_  
ATI # \_\_\_\_\_

**Personal Information:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_

Would you mind being fingerprinted? \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

**Spiritual Information**

How would you define a "Christian"? \_\_\_\_\_

Please describe how and when you became a Christian, and your life as a Christian.

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**How is your walk presently?** \_\_\_\_\_

**Which churches have you attended regularly in the past five years?** \_\_\_\_\_

**How long have you attended Calvary Chapel San Diego and do you consider it your home church?** \_\_\_\_\_

**What were the reasons for leaving your former church?** \_\_\_\_\_

**Which services do you attend?** \_\_\_\_\_

**In which Home Fellowship or small groups are you involved?** \_\_\_\_\_

**In which ministries are you involved?** \_\_\_\_\_

**Please briefly state your beliefs on the following. This is not a test of your Bible knowledge. But we want to know your understanding of these important doctrines.**

**Do you believe that the Bible is the inspired word of God?** \_\_\_\_\_

**What is your understanding of the Trinity?** \_\_\_\_\_

**Is Jesus God?** \_\_\_\_\_

**How do you know that you are saved?** \_\_\_\_\_

**Why should a person be baptized?** \_\_\_\_\_

**Why is the resurrection of Jesus important?** \_\_\_\_\_

**Do you believe Jesus is coming again?** \_\_\_\_\_

**Describe any training or experience you have had relating to children's ministry.** \_\_\_\_\_

**Do you have any other experience working with children?** \_\_\_\_\_

**Why do you desire to be in the Children's Ministry?** \_\_\_\_\_

**Please list any special talents or gifts you have.** \_\_\_\_\_

**Can you joyfully submit to the leadership of this ministry and church?** \_\_\_\_\_

Do you have any communicable diseases? \_\_\_\_\_  
If so, please make an appointment to explain. \_\_\_\_\_  
\_\_\_\_\_

Are there any other circumstances involving your life-style or your background that the pastoral staff should be aware of before entrusting you with the care of children? \_\_\_\_\_  
\_\_\_\_\_

In which areas and positions are you interested?

Teacher \_\_\_\_ Asst. Teacher \_\_\_\_ Awana \_\_\_\_ VBS \_\_\_\_ Substitute Team \_\_\_\_

Saturday: 6:00 pm \_\_\_\_  
Sunday: 8:00 am \_\_\_\_ 9:15 am \_\_\_\_ 11:15 am \_\_\_\_ 6:00 pm \_\_\_\_  
Tuesday: 7:00 pm \_\_\_\_  
Wednesday: 7:00 pm \_\_\_\_

Nursery \_\_\_\_ 2-3 year olds \_\_\_\_ 4-5 year olds \_\_\_\_

1<sup>st</sup> - 2<sup>nd</sup> grade \_\_\_\_ 3<sup>rd</sup> - 4<sup>th</sup> grade \_\_\_\_ 5<sup>th</sup> - 6<sup>th</sup> grade \_\_\_\_

Side by Side (Special needs) \_\_\_\_

### References

Please list three references we may contact, not including family members. If possible, one should be a pastor, elder, or other leader here at Calvary Chapel San Diego.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

The information provided in this application is accurate to the best of my knowledge. I authorize the references listed to provide any information they might have regarding my character and fitness for the children's ministry.

Signature \_\_\_\_\_

Date \_\_\_\_\_