

GENERAL MINISTRY QUESTIONNAIRE

Thank you for your interest in serving the Body of Christ through ministry here at Calvary Chapel Turlock. Everyone involved in any part of Ministry here is required to have an active Ministry Questionnaire on file. The information provided below is confidential and will be reviewed only by those necessary for approval.

DATE: _____

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS BELOW

Name _____ Male Female Birth Date _____

Address _____ How Long _____

Home Phone _____ Alternate Phone _____

E-Mail Address _____

Married Yes No Name of Spouse _____

Name(s)/Age(s) of Children _____

Previous Church _____ Phone () _____

Area(s) served in _____

1. Where would you like to serve?

(Men's or Women's Ministry, Hospitality, Worship, Usher, Greeter, Prayer Team, Evangelism, Info Table, Other)

*: If you wish to serve in Children's Ministry an alternate questionnaire is necessary.

2. Which service are you available? 1st Service 2nd Service Both

3. How long have you been a Christian? _____

4. How long have you fellowshiped at CC Turlock? _____

5. Why are you interested in ministering here? _____

6. What is the significance of water baptism?

7. What are the reasons for trial and sickness (and are all healed)?

8. According to the teaching of the Trinity, is Jesus God? _____

Why is that important? _____

9. Is the rapture of the church pre-, mid- or post-tribulation?

10. How is someone saved and how can we be sure we are saved?

11. Can anyone exercise his/her free choice to be saved? _____ Why or why not?

12. Describe your devotional life.

13. How often do you typically attend church on a monthly basis?

REFERENCES

Please provide four references. List persons not related to you, who have known you for at least one year. Please do not list a Calvary Chapel Turlock Pastor or anyone under the age of 18. Please provide a complete mailing address and/or e-mail address of each for your references.

1. Name _____ Years Known? _____

Mailing Address _____

E-Mail Address _____

2. Name _____ Years Known? _____

Mailing Address _____

E-Mail Address _____

3. Name _____ Years Known? _____

Mailing Address _____

E-Mail Address _____

4. Name _____ Years Known? _____

Mailing Address _____

E-Mail Address _____

SIGNATURE

By signing below I affirm that the information I have included in the questionnaire is true and correct. I hereby authorize disclosure of this information to appropriate ministry personnel of Calvary Chapel Turlock for the purpose of approval or placement within ministry. I further authorize Calvary Chapel Turlock to contact all sources of reference provided.

Signature _____ Date _____