

# Children's Ministry Questionnaire

Thank you for your interest in serving the Body of Christ through the Children's Ministry department here at Calvary Chapel Turlock. Everyone involved in any part of Children's Ministry at Calvary Chapel is required to have an active Ministry Questionnaire on file. Please be aware that as part of the Children's Ministry screening process, a background check will be necessary at no cost to you. We appreciate your understanding of the importance of this step, as it is 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.

## **PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS BELOW**

Name \_\_\_\_\_ Male  Female  Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

(If under two years list previous address also)

Previous \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Married  Yes  No Name of Spouse \_\_\_\_\_

Name(s)/Age(s) of Children \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

Previous Church \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Area(s) you served in \_\_\_\_\_

(If you are 18 years of age or older please provide us with the following information)

Social Security # \_\_\_\_\_ CA Driver's License \_\_\_\_\_

1. I am interested in serving in the following area(s):

Sunday Teacher       Sunday Helper       Sunday Nursery Worker

2. I am interested in working with:

Infants/Toddlers (Birth-2 yrs)       Preschool Age (3 yrs - Kindergarten)  
 Elementary Age (1st-5th grade)       Worship       Substitute

3. Please tell us how and when you became a Christian.

\_\_\_\_\_  
\_\_\_\_\_

4. How long have you fellowshipped at Calvary Chapel Turlock? \_\_\_\_\_

(Our policy requires a six month minimum, but we can begin the questionnaire process at three months.)

5. Why do you want to minister to children at Calvary Chapel Turlock?

\_\_\_\_\_  
\_\_\_\_\_

6. Do you disagree with any of the teachings at Calvary Chapel Turlock? \_\_\_\_\_  
If so, which one(s), and why? \_\_\_\_\_

7. Briefly describe any previous experience working with children. (Include gifts, talents, etc.)

8. Have you had any training/certification in first aid?  yes  no If yes, describe

9. What is the significance of water baptism?

10. What are reasons for trial & sickness (are all healed)?

11. According to the teaching of the Trinity, is Jesus God? \_\_\_\_\_  
Why is that important? \_\_\_\_\_

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

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

14. Can anyone exercise his/her free choice to be saved? \_\_\_\_\_ Why or why not?

15. Have you been charged with / convicted of child abuse or sexual misconduct?

16. Are you currently under investigation for a crime involving children or youth?

17. Are you engaged in legal or illegal substance abuse?

## **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. Without references on file, your application to serve in Children's Ministry cannot be approved.

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 Children's Ministry. I authorize Calvary Chapel Turlock to contact all sources of reference and conduct any necessary background check for the assessment purposes to serve in Children's Ministry.

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