



CALVARY CHAPEL GALVESTON

# Volunteer Application

Name: \_\_\_\_\_ Date turned in: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Cell/Home number: \_\_\_\_\_ Work number: \_\_\_\_\_ Ok to call you at work? \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Repeat Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status:      Single     Married     Widowed     Separated     Divorced

Spouse's name: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Christian Walk**

How long have you been a Christian? \_\_\_\_\_ How long attending Calvary Galveston ? \_\_\_\_\_

Where did you fellowship before? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What ministries were you involved with? \_\_\_\_\_

Who was your overseer? \_\_\_\_\_

Why did you leave the fellowship? \_\_\_\_\_

Are you familiar with the philosophy of ministry of Calvary Chapel?    YES     NO

Do you disagree with any of the teachings of Calvary Chapel?    YES     NO

If so, which ones and why: \_\_\_\_\_

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\_\_\_\_\_

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## Ministry Interest

What ministry is the Lord leading you to serve in? \_\_\_\_\_

Please state your reason and interest to serve in this ministry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What hobbies or abilities do you possess that you feel may be beneficial to this area of ministry? \_\_\_\_\_

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\_\_\_\_\_

Please list any prior teaching or ministry experience (if any). i.e., When, Where, What \_\_\_\_\_

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\_\_\_\_\_

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## Personal Information

Are you free of illegal substance abuse? YES  NO

Have you ever been arrested or convicted of a criminal offense? YES  NO

*If you answered yes to the above question please explain:* \_\_\_\_\_

\_\_\_\_\_

Do you presently have any medical / physical condition that may affect your ability to serve? YES  NO

Have you ever been arrested or convicted for the sale of drugs? YES  NO

Have you ever been hospitalized or treated for alcohol or substance abuse? YES  NO

Have you ever been arrested or convicted of child neglect or abuse? YES  NO

Have you ever been arrested or convicted of child molestation? YES  NO

Have you ever been hospitalized for mental illness? YES  NO

Have you ever been exposed to a contagious illness? YES  NO

Has your Driver's License ever been suspended or revoked? YES  NO

Other than the above matters, 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 children? YES  NO

Do we have your approval to obtain a Texas Background Check on you? YES  NO

## Your Beliefs

Briefly state your beliefs on the following: *This is not a test of your Bible knowledge, but we do want to know what you believe. We will be glad to go over and explain any of these doctrines with you, should you desire to do so.*

**The Bible is the absolute truth, written by man, inspired by God**

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**Baptism of the Holy Spirit**

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**Discipleship**

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**What is the role of the local church?**

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**Is Jesus God? Why is that important?**

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**How is someone saved, and how can we be sure we are saved?**

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**Are you a born again Christian? When & how did this happen?**

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## Personal/Character References

Please list those not related to you whom you have known for a minimum of one year:

NAME	ADDRESS	PHONE#	YRS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## If interested in Children's/Youth Ministry, please answer the following:

Preferred Ministry Placement:	Teacher	<input type="checkbox"/>	Teacher's Assistant	<input type="checkbox"/>	Wherever need is	<input type="checkbox"/>
Preferred Age-Level Placement:	Nursery	<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Elementary	<input type="checkbox"/>
	Jr High	<input type="checkbox"/>	High School	<input type="checkbox"/>	Where need is	<input type="checkbox"/>

## PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING!

I, \_\_\_\_\_, the undersigned, understand that:  
(Print your name)

The information that I have provided may be verified by contacting persons or organizations named in this application and I hereby release and agree to hold harmless from liability any person or organization that provided information concerning me to Calvary Chapel Santee.

**In signing this application, I affirm that the information that I have given is true and correct.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

### DO NOT WRITE BELOW THIS LINE

<b>Overseer Approval: Yes No (Circle One)</b>	
_____ Overseer's Signature	_____ Date
_____ Ministry	_____ Pastor's Signature
Comments: _____	

# Background Check Authorization

**Print Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Email Address: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Calvary Galveston** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Calvary Galveston** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Calvary Galveston**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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