

SERVANT APPLICATION

Please indicate first choice with **numeral 1**, second choice with **numeral 2**, and third choice with **numeral 3**.

<input type="checkbox"/> Greeter	<input type="checkbox"/> Wedding Coordinator	<input type="checkbox"/> Hospital Visitation
<input type="checkbox"/> Jr/Sr High Ministry*	<input type="checkbox"/> Women's Ministry	<input type="checkbox"/> Facilities Maintenance
<input type="checkbox"/> Children's Ministry*	<input type="checkbox"/> Prayer Ministry	<input type="checkbox"/> Security*
<input type="checkbox"/> Children's Worship*	<input type="checkbox"/> Worship Team	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Nursery/Toddler Room*	<input type="checkbox"/> Sound	<input type="checkbox"/> Bookstore
<input type="checkbox"/> Preschool*	<input type="checkbox"/> Men's Ministry	<input type="checkbox"/> Home Fellowship
<input type="checkbox"/> Counsel/Disciple*	<input type="checkbox"/> Web/Internet Ministry	<input type="checkbox"/> Event Coordinator
<input type="checkbox"/> Young Adult Ministry	<input type="checkbox"/> Video/Media Ministry	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Common Grounds Café	Other _____	Other _____

NOTE: At Calvary Chapel Eastside, we believe that all Gods people should be involved in the work of the church. We do ask that you attend for a few weeks before making a commitment to any ministry. Ministries marked with an asterisk (*) require a national records background check/search. All information obtained will be kept completely confidential.

**We look for individuals who have a strong faith in Jesus Christ, our Lord.
Please pray before filling out this application.**

PERSONAL INFORMATION

Last Name (Print) _____ First Name (Print) _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email _____ Date of Birth _____ Gender _____

Marital Status: ☐ Single ☐ Married _____ ☐ Separated ☐ Divorced
Spouse's Name _____

Child's Name _____ Age____, Child's Name _____ Age____, Child's Name _____ Age____

Where are you employed? _____ List any alias _____

What gifts, strengths, or talents do you offer? _____

Are you willing to commit six months to this? _____

List any experience that would be advantageous to this ministry. _____

(turn page over to finish application)

SPIRITUAL INFORMATION

Please give a brief Christian testimony and indicate the year _____ of your spiritual birth.

This is not a test, but we want to know how you believe regarding these key doctrines.

Who is Jesus Christ and what is your relationship with Him? _____

Are the scriptures infallible and verbally inspired by God? _____

How do you know that you are saved? _____

Why should a believer be baptized? _____

Why is the resurrection of Christ important? _____

Do you believe that Jesus is coming again? _____

What are some reasons for trials and sickness. _____

Are all people physically healed? _____

Describe your spiritual walk with God at the present time. _____

Is CCES your home church? _____ How long have you attended CCES? _____ Which Services? _____

Please list all churches/ministries you attended prior to CCES. _____

Personal References

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Calvary Chapel Eastside – Background Check Authorization

(Only those requesting to work with youth or children are required to have a background check)

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize the obtaining of “investigative consumer reports” (Multistate Criminal Background Check) by **Calvary Chapel Eastside** at any time after receipt of this authorization and throughout the time in which I am volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by SecureSearch, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchpro.com/>, another outside organization acting on behalf of **Calvary Chapel Eastside**, and/or **Calvary Chapel Eastside** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name: _____

Maiden Name (if applicable): _____

Address: _____

Social Security Number: _____ *

Date of Birth: _____ *

**This information will be used for background screening purposes only and will be kept in a secure location.*