



Calvary Chapel Clermont

CHILDREN'S MINISTRY APPLICATION

Please print clearly and promptly return this application to the church office. Thank you!

Name: _____ Male Female

Address: _____ zip _____

Home#: (____) _____ Cell#: (____) _____

Email: _____

Date of Birth: ____ - ____ - _____ Driver's Lic# _____

Single Married Divorced (Please attach a copy of your driver's license)

Class you are most interested in working with: (check all that apply) Infants:

Ages: 1 to 2 3 to 4 5 to 6 7 to 8 9 to 10 11 to 12 Teen

What day are you available to teach: 1st 2nd 3rd 4th Sunday of the month or Wednesday evening .

How long have you been a Born-Again Christian? _____

How long have you fellowshipped at Calvary Chapel Clermont? _____

Where did you fellowship before here? _____

Why are you interested in ministering here? _____

Have you ever been convicted of a sexual offense of any kind? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been investigated, to your knowledge, by the Child Protection Services, or any other governmental agency involved with the protection of children? Yes No

If yes on any of the previous 3 questions, please explain: _____

Do you believe the Bible is inspired, without error, and is the word of God?

Yes No Is Jesus God? Yes No

Do you disagree with any of the Calvary Chapel teachings Yes No

(If you are unsure of any Calvary Chapel doctrinal position, please contact Pastor Carlos.)

The information above is correct to the best of my knowledge:

Sign: _____ Date: _____