

Servant Information Sheet

Please print clearly

Date: _____

Name: _____ Birth Date: _____ Age: _____

Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ May you receive personal calls at work? _____

Trade or Profession: _____

Place of Employment: _____ Years there? _____

Marital Status: Married Single Separated Divorced

If married, what is your spouse's name? _____

Do you have children? _____ If so, what are their names and ages?

How and when did you come to know the Lord Jesus Christ as your personal Savior?

Have you been water baptized? _____ When? _____ Where? _____

Are you regularly attending Calvary? Yes No

If so, how long? _____

Which service(s) do you attend on a consistent basis?

Sun 9 am Sun. 11 a.m. Wed. 7 p.m.

As a personal reference, please provide us with the names of two people who know you well (it would help if one of them were associated with Calvary Chapel)

Name: _____ Phone: _____

How long have you known this person? _____

Name: _____ Phone: _____

How long have you known this person? _____

If applicable, please list the names of any other churches (and their addresses, if they are out of town) that you have attended regularly during the past five years.

In what area of ministry would you like to volunteer?

Why would you like to be involved in the ministry?

Why do you attend Calvary Chapel?

Are you willing to commit yourself to six months of ministry? _____

If so, how many days and hours per week?

Please explain.

Everyone who serves at Calvary Chapel must:

- Be born again and have a clear testimony
- Honor Jesus Christ in his or her life
- Attend Calvary Chapel's church services regularly
- Be reliable, dependable, and committed
- Agree with Calvary Chapel's Statement of Faith without reservations

Have you read/completed the following:

Calvary Chapel of Wilmington Statement of Faith	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Philosophy of Ministry of Calvary Chapel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Calvary Chapel Teaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Calvary Distinctives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundations of the Faith 101 course	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand that I represent Christ and Calvary Chapel in my involvement with this ministry. I am prepared to temporarily remove myself if I am dealing with an active problem in my life that could undermine my witness and damage the church's reputation. I understand that I will be interviewed by a ministry overseer before approval for this ministry.

Signed: _____

Date: _____

PLEASE RETURN THE COMPLETED MINISTRY INFORMATION SHEET TO THE CHURCH OFFICE.

Office use:

Received: _____

Date: _____