

Log date/copied _____	Copy to ministry 1 (date/contact name) _____	BC completed by _____
Initial call _____	Copy to ministry 2 (date/contact name) _____	BC date completed _____



MINISTRY APPLICATION & QUESTIONNAIRE

4814 West Ave. San Antonio, TX 78213

210-530-9673

APPLICANT INFORMATION

Name _____ Today's Date _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

How long have you lived at your current address? _____

Daytime Phone # _____ Evening Phone # _____ Cell Phone # _____

E-mail Address _____

Marital Status _____ Spouse Name _____

Children Names and Ages _____

Occupation _____ Employer _____

WHERE WOULD YOU LIKE TO SERVE?

Ministry #1: _____ Ministry #2: _____ Ministry #3: _____

Preferred Service: ☐ Sunday 10 AM ☐ Wednesday 7:00 PM ☐

CHURCH HISTORY/SPIRITUAL BELIEFS

1. How long have you been attending Calvary New Spring? _____

2. Which services and other fellowship activities do you regularly attend? _____

3. Have you read, and do you fully agree with the Calvary New Spring's statement of faith (attached)? ☐ Yes ☐ No

If No, please note reservations _____

4. Where did you fellowship (go to church) before coming to Calvary New Spring? What was the reason for leaving?

Church Name	Location	Dates Attended	Reason for Leaving
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Church Name	Location	Dates Attended	Reason for Leaving
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5. Are you satisfied with your relationship with Jesus Christ? Why or why not? Are you presently under the Lordship of Christ? (See 1 Peter 3:15; Hebrews 3:14)

6. Serving in the ministry at Calvary New Spring requires diligence and faithfulness to your commitment.

- a. Do you consider Calvary New Spring to be your church? ☐Yes ☐No
- b. Are you willing to joyfully submit to the Pastoral and ministry leadership? (Hebrews 13:17) ☐Yes ☐No
- c. Are you willing to be faithful in your commitment to this ministry? (1 Corinthians 4:2) ☐Yes ☐No
- d. Have you counted the cost of ministry? (Luke 14:28) ☐Yes ☐No
- e. Are you currently reading the bible every day? (Romans 10:17) ☐Yes ☐No
- i. If so where are you currently reading?

Briefly describe your Salvation experience (how and where you were saved). Use another sheet if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What type of ministry/service experience do you have?

What gifts or talents do you possess?

REFERENCES

1. Please provide two personal references that are not related to you.

REFERENCE 1	☐ contacted?	REFERENCE 2	☐ contacted?
Name		Name	
Address		Address	
State	ZIP	State	ZIP
Telephone Number		Telephone Number	
Number of Years Known		Number of Years Known	

2. Have you ever been accused of, or arrested for anything other than a traffic violation? ☐No ☐Yes– please explain:

3. If a background check is needed for any volunteer position, do you authorize Calvary New Spring to perform a criminal and civil background check? ☐No ☐Yes **if yes, please complete the following:**

- a. I have provided a copy of my driver's license. ☐No ☐Yes
- b. Are you willing to submit to finger printing? ☐No ☐Yes
- c. Are you willing to be photographed? ☐No ☐Yes
- d. Please read and provide the following information:

I voluntarily and knowingly authorize for credentialing purposes only, any present or past employer or supervisor, law enforcement agency, state or federal agency, private business, military branch, personal reference, and/or other persons, to give any and all records or information they may have concerning my criminal history, general reputation, character, or any other information requested to Calvary New Spring and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

Signature	PRINT Full Name
Date of Birth	PRINT Maiden Name
Place of Birth	PRINT All Aliases (Last Name only, unless name has changed)
Date Moved to Texas	
<i>Note: Your SSN is required for background check. Once obtained, your information will remain confidential and will be protected, by all means practical, from fraudulent use.</i>	

If you are interested in working with children at Calvary New Spring (Infant to High School), please complete the additional questions.

CALVARY NEW SPRING CHILDREN & YOUTH ADDENDUM

WHERE WOULD YOU LIKE TO SERVE?

CHILDREN'S MINISTRIES / YOUTH MINISTRIES area where you would like to serve (check all that apply)

- ☐ No preference; I am open to serve in the greatest area of need ☐ Church Child Care Team/Home Group
☐ Infants and Toddlers (Ages 0-2) ☐ Preschool (Ages 3-4) ☐ PreK & Kindergarten (Ages 5-6)
☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade ☐ 6th Grade
☐ Short-Term Missions ☐ Vacation Bible School ☐ Children's Hospital Outreach/Any Outreach
☐ High School Ministry ☐ Jr. High Ministry ☐ Kids Worship ☐ Youth Missions
☐ Children's Ministries and/or other Office help (filing, copying, lesson prep/research, etc.)
☐ No preference; the greatest area of need

PREFERRED SERVICE (check all that apply)

- ☐ Sunday 10:00 AM ☐ Wednesday 7:00 PM ☐ Home Group

1. Why do you want to serve the children at Calvary New Spring? _____

2. Do you know how to lead a child to Christ? ☐Yes ☐No Please explain. _____

3. Previous Address (provide 10 years of address history, use additional paper if necessary)

Street	City	State	Zip Code	Dates of Residence
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Street	City	State	Zip Code	Dates of Residence
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Street	City	State	Zip Code	Dates of Residence
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4. 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 young people? ☐No ☐Yes if yes, please explain:

5. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? ☐No ☐Yes if yes, please explain:

Signature

PRINT FULL NAME

Date _____

PLEASE TURN IN YOUR COMPLETED APPLICATION TO THE PASTOR.

ADDITIONAL COMMENTS

INTERVIEW NOTES

Noted by _____