

CHILDREN'S MINISTRY QUESTIONNAIRE

CALVARY CHAPEL OAKDALE

Thank you for applying to serve in the Children's Ministry at Calvary Chapel Oakdale. Everyone involved in any part of Children's Ministry at Calvary Chapel is required to have an active Ministry Questionnaire on file. Please be aware that as part of the Children's Ministry screening process a background check will be necessary at no cost to you. We appreciate your understanding of the importance of this step, as it is a matter of church policy for the protection of the children God has entrusted to our care. The information provided below is confidential and will be reviewed only by those necessary for approval and placement.

PLEASE PRINT CLEARLY

Date: _____

Name _____ Male ☐ Female ☐ Birth Date _____
(First) (Middle) (Last) (MM/DD/YYYY)

Address _____ City _____ Zip _____ How Long? _____
(if under two years list previous address also)

Previous Address _____ City _____ Zip _____ How Long? _____

Home Phone _____ Preferred Additional Phone _____ Cell ☐ Work ☐

Married ☐ yes ☐ no Name of Spouse _____

Name(s)/Age(s) of Children _____

Employer _____ Position _____ How Long? _____

Previous Church _____ Phone # () _____

Area(s) served in _____

(If you are 18 years of age or older please provide us with the following information)

Social Security # _____ CA Driver's License # _____

Please answer all questions below.

1. What area of the Children's Ministry would you like to serve in? _____

2. How long have you been a Christian? _____
3. How long have you been fellowshiping at Calvary Chapel Oakdale (Our policy requires a six month minimum, but we can begin the questionnaire process at three months)? _____
4. Where did you fellowship before? _____
5. Why are you interested in ministering here? _____

6. Please tell us how and when you became a Christian _____

7. Briefly describe any previous experience working with children (include gifts, talents, and abilities that would minister to children)? _____

8. Have you had any training and/or certification in CPR or first aid? ☐ yes ☐ no
If yes, please describe _____
9. 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 regarding some key, sometimes controversial doctrines.
- a. What is the significance of water baptism? _____

- b. What is the significance of the baptism of the Holy Spirit and gifts? _____

- c. Reasons for trials and sickness (are all healed)? _____

- d. According to the teaching of the Trinity, is Jesus God? _____
Why is that important? _____

- e. Rapture of the church (pre, mid or post tribulation?) _____

- f. How is someone saved and how can we be sure we are saved? _____

- g. Do you believe that any and every person created by God can exercise their free choice to be saved? _____
Why or why not? _____

10. Do you disagree with any of the teachings of Calvary Chapel Oakdale? _____
If so, which one(s) and why? _____

11. Please answer the following questions:
- a. Have you ever been charged with or convicted of child abuse or sexual misconduct? ☐ yes ☐ no

- b. Are you currently under investigation for a crime involving children or youth? ☐ yes ☐ no
- c. Are you currently engaged in legal or illegal substance abuse? ☐ yes ☐ no
- d. If yes to any of the above, please explain. _____

**** Please provide four references (Persons not related to you, who have known you at least a year) with a complete mailing address. *THIS IS MANDATORY.***

1. Name _____ Years Known _____
Address _____ phone _____
City _____ Zip _____
E-mail _____

2. Name _____ Years Known _____
Address _____ phone _____
City _____ Zip _____
E-mail _____

3. Name _____ Years Known _____
Address _____ phone _____
City _____ Zip _____
E-mail _____

4. Name _____ Years Known _____
Address _____ phone _____
City _____ Zip _____
E-mail _____

Thank you and may God richly bless you!

SIGNATURE

By signing below I affirm that the above information is true and correct. I hereby authorize disclosure of this information to ministry personnel deemed appropriate by Calvary Chapel Oakdale for the purpose of approval or placement within Children's Ministry. I authorize Calvary Chapel Oakdale to contact all sources of reference and conduct any necessary background check for the purpose of making an assessment for approval to serve in Children's Ministry.

Sign _____ Date _____