

**APPLICATION—VOLUNTEER WORKERS
CALVARY CHAPEL OF JOPLIN**

This application is to be completed by all applicants for any position of serving at Calvary Chapel of Joplin.

Name _____ Birthday _____

Address _____

Telephone _____ Best Time To Call: _____

Marital Status _____ Spouse's Name _____

Is your spouse supportive and encouraging you in your desire to serve @ CCJ? (Y/N)

If you are unmarried, are you committed to sexual purity in all your relationships? (Y/N)

Names and Ages of Children

Please specify the area of ministry you desire to serve in: _____

What date would you be available to begin? _____

Please explain in detail why you desire to serve in this ministry.

Because you will be serving at CCJ, the following questions are important to consider:

Based on the pace of your life and all its priorities, what are some of the possible conflicts you may need to consider because of the responsibility of serving in this ministry? _____

Is your desire for godliness in your own life an example for others to follow? (Y/N)

List dates of salvation and baptism. Then give a brief description of your relationship with the Lord.

Salvation _____ Water Baptism _____

Explain what being baptized in the Holy Spirit means to you.

To be most effective in ministry, one needs a strong spiritual life. Describe your spiritual walk with the Lord. (*prayer life, Bible reading habits, church attendance, etc.*)

How long have you been attending Calvary Chapel of Joplin? (Please list the services you regularly attend.)

What ministries are you currently involved in at CCJ? _____

Please list church leadership experience, prior church volunteer experience, etc. Include where, when and position. _____

List all churches you've attended in the past 10 years with the reason for leaving:

Previous Pastor's Name, Church Name, and Phone Number, if applicable.

Spiritual gifts/talents, etc that are specifically related to the ministry you are seeking to be involved in. (For example if you are applying for worship team and can play an instrument, please note that. 😊)

Do you have medical training, first aid, or CPR training? (Y/N)

Training and date received _____

Three personal references (not relatives or employers) Name, address, and phone. _____

Have you ever been convicted for use or sale of illegal drugs? (Y/N)

Have you ever been hospitalized or treated for alcohol or substance abuse? (Y/N)

If yes, list dates and substance : _____

Do you have any physical, mental, or emotional handicaps or limitations that would prevent you from performing certain types of activities? (Y/N)

If yes, please explain: _____

Have you ever been convicted for a criminal offense excluding minor traffic violations? (Y/N)

If yes, please explain : _____

Are you open to a background check if required for this specific ministry? (Y/N)

Applicant Signature

Date