

SAFETY-SECURITY-MEDICAL MINISTRY APPLICATION p2

EMERGENCY CONTACT INFORMATION:

Name			
Street Address			
City, ST ZIP			
Home phone	()		
Work phone	()		
Cell phone	()		
Relationship to you			

FAMILY INFORMATION:

Marital Status:			
Spouse's name:			
Do you have children?			
How many? Ages?			

REQUIRED QUALIFICATIONS/ REQUIREMENTS FOR SERVING AT CALVARY CHAPEL MELBOURNE:

Anyone serving in any ministry at Calvary Chapel Melbourne is considered part of church leadership.

- 1) You must be a born again believer with and active, on-going personal relationship with Jesus Christ
- 2) You must consider Calvary Chapel of Melbourne your home church for at least 6 months.
- 3) You must agree to read the following required books obtained at the bookstore:
 - a) Calvary Chapel Distinctives
 - b) A New Creation
 - c) On Being a Servant of God
- 4) You must agree to attend or view on DVD the 4 Leadership Development Classes

CHURCH HISTORY:

How long have you been walking with the Lord?			
Have you been water baptized?			
How long have you been attending Calvary Chapel?			
Are you willing to share your testimony with ministry leadership?			
Do you agree with the Calvary Chapel Statement of Faith?			
Which services do you attend? Indicate (R) = regularly and (O) occasionally			
Saturday 6 PM _____	Sunday 8:30 AM _____	Sunday 10:45 AM _____	Wednesday 6:45 _____

Do you currently serve as a volunteer in any other service?			
If so, which one(s) and what is your time commitment in each ministry?			

Why do you feel God has placed it on your heart to serve in the Safety-Security-Medical Ministry?

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Name: _____

PERSONAL INFORMATION: This will be kept Confidential.

Drivers License Number		
US passport Number:		
Florida ID Number:		
Date of Birth:		
Social Security Number:		
Professional Licenses:		
Aliases:		

REQUIRED BACKGROUND INFORMATION: This will be kept Confidential.

Have you ever been convicted or pleaded guilty to a crime? _____

If so, please explain on the back of this sheet or attach a separate sheet if Necessary.

You may also request a personal conference with ministry leadership to explain.

AGREEMENT AND SIGNATURE:

I, _____ (print name), am an applicant for a position in the Safety-Security-Medical Ministry at Calvary Chapel Melbourne. Recognizing the importance of my character being above reproach, I consent to the following:

- 1) Completing in full, a Calvary Chapel Safety-Security-Medical Ministry Application.
- 2) Allowing Calvary Chapel to screen me through the Florida Department of Law Enforcement criminal records check.
- 3) Allowing Calvary Chapel to contact personal references if requested.
- 4) Providing Calvary Chapel with a photocopy of my driver's license, official State of Florida ID card, or passport if requested.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby release and hold harmless from liability all organizations and other entities which provide references or information to Calvary Chapel Melbourne with regard to me or my background. I hereby release and hold harmless from liability Calvary Chapel of Melbourne and its clergy, staff, employees and volunteers, with regard to any decision that it makes on my application. I consent to a copy of this consent being furnished to any references that I have provided to Calvary Chapel of Melbourne and to any other person, organization or entity that Calvary Chapel of Melbourne deems necessary in connection with its investigation of my character and qualifications. I also understand accept, and will observe the Operating Procedures and Guidelines that govern the Safety-Security-medical Ministry.

Name (printed):	
Signature:	
Date:	