



# CALVARY CHRISTIAN SCHOOL

## VOLUNTEER APPLICATION

The following questions are designed to help us know you better. All who volunteer with our children here at Calvary Christian School (CCS) are required to turn in this information before they can be placed in a class to minister to our children. We are not looking for professionals. We are looking for faithful, committed Christians who love children and desire to be a part of discipling them to know Jesus through prayer and the teaching of the Bible.

<b>Personal Information:</b>				
Date:	Birthdate:	Social Security #: (required for background check)		Sex:
Last Name:		First:		Middle:
Home Address:	Apt/Bldg	City:	State:	Zip Code:
Home Phone:	Business Phone:		Cell Phone:	
E-Mail Address:	Previous/Maiden/Alias names: (required for background check)			
Employer:		Occupation:		
<b>Emergency Contact:</b>				
Name:	Day Phone:	Cell Phone:	Relationship:	
<b>Areas of Interest:</b>		<b>Students you have in the school:</b>		
<b>Specific Area:</b>	Library	Your children's / grandchildren's names:		
Classroom helper	Reading groups			
Field trip chaperone	Clerical tasks			
What do you consider to be your strengths?				
<b>Availability:</b>				
Monday AM / PM	Tuesday AM / PM	Wednesday AM / PM	Thursday AM / PM	Friday AM / PM
<b>Personal References:</b>				
Name:	Phone:		Relationship:	
Name:	Phone:		Relationship:	
<b>Please provide the name of a ministry leader in this church who is familiar with you.</b>				
Name:		Phone:		
<b>Applicant Signature:</b>				
The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's/youth work. I release all such reference from liability for any damage that may result from furnishing such evaluation to you and I waive any right that I may have to inspect references provided on my behalf.				
Applicant's Signature:			Date:	

Ministry History:		
How long have you attended Calvary Chapel Deer Park?	Is Calvary Chapel Deer Park your home church? ( ) Yes ( ) No	Do you attend any other churches at this time? ( ) Yes ( ) No
Please describe your previous and/or current ministry involvement at Calvary Chapel Deer Park:		
Are you a born-again Christian? ( ) Yes ( ) No ( ) I'm not sure If yes, briefly summarize how you came to know Christ as your Savior and the condition of your spiritual life.		
Doctrinal Beliefs: (briefly state your beliefs on the following)		
What do you believe about the Bible?		
What is your understanding of the Trinity?		
How do you know that you are saved?		
Why should a person be baptized?		
Why is the resurrection of Christ important?		
Do you believe that Jesus is coming again? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		
Are there any doctrinal areas where you are in disagreement with Pastor Bob Monroe or Calvary Chapel Deer Park? If yes, please describe:		
What role does prayer play in your life?		
Background Screening / Criminal Records Check:		
Have you been accused, rightly or wrongly, of child abuse or neglect? ( ) Yes ( ) No Please explain:		
Have you in the recent past or are you currently using any illegal substances or abusing alcohol? ( ) Yes ( ) No Please explain:		
Have you been arrested or convicted for any criminal act more serious than a traffic violation? ( ) Yes ( ) No Please explain:		
Signature: Gives permission for Calvary Christian School Deer Park to request a Criminal History from the Washington State Patrol.		
COPY OF VALID DRIVERS LICENSE IS REQUIRED FOR PROCESSING		
Signature:		Date:
FOR OFFICIAL USE ONLY:		
Cleared by:		Date:
Rejected by:		Date: