



## **Ministry Application**

511 S. Main St.

Deer Park, WA 99006

509.276.3141

[ccdeerpark@gmail.com](mailto:ccdeerpark@gmail.com)

## Personal Information

Name: \_\_\_\_\_

Telephone: *Home* (\_\_\_\_\_) \_\_\_\_\_ *Work* (\_\_\_\_\_) \_\_\_\_\_

Can you receive calls at work? ☐ Yes ☐ No

Best time to reach me: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Birth date: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If less than 7 years, please list previous address:

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: *married / divorced / remarried / single / engaged*

Names and ages of spouse and/or children: \_\_\_\_\_

Parent(s) name if you are under 18 years old: \_\_\_\_\_

Do you have current CPR Certification? ☐ Yes ☐ No If yes, when does it expire? \_\_\_\_\_

Do you have current 1<sup>st</sup> Aid Certification? ☐ Yes ☐ No If yes, when does it expire? \_\_\_\_\_

## Ministry History

How long have you attended Calvary Chapel? \_\_\_\_\_

Is Calvary Chapel your home church? ☐ Yes ☐ No

Do you attend any other churches at this time? \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

Please describe your previous and/or current ministry involvement at Calvary Chapel Deer Park.

\_\_\_\_\_  
\_\_\_\_\_

Describe your previous experience with children.

Location

Position

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to get involved in Children's Ministry?

\_\_\_\_\_  
\_\_\_\_\_

## Personal Reference

Please provide two references, including a former employer or volunteer organization reference.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the name of a ministry leader in this church who is familiar with you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your strengths? \_\_\_\_\_  
\_\_\_\_\_

Are there any physical or personal concerns that might impede your full participation in the program?

\_\_\_\_\_  
\_\_\_\_\_

In which area(s) do you prefer to work? ☐ Behind the Scenes ☐ Registration ☐ Infants/Crawlers  
☐ Toddlers ☐ 2 Year Olds ☐ 3 Year Olds ☐ 4 Year Olds ☐ Kindergartners ☐ 1<sup>st</sup>-2<sup>nd</sup> Grade  
☐ 3<sup>rd</sup>-4<sup>th</sup> Grade ☐ 5<sup>th</sup>-6<sup>th</sup> Grade

## Doctrinal Beliefs

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? ☐ Yes ☐ 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Official Use Only

Interviewer: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References checked: \_\_\_\_\_ Date: \_\_\_\_\_

References checked: \_\_\_\_\_ Date: \_\_\_\_\_

References checked: \_\_\_\_\_ Date: \_\_\_\_\_

## Reference Liability Release & Waiver

Before contacting any of your references, we are required to have the applicant sign a liability release and waiver. This enables Calvary Chapel Deer Park to conduct the reference checks without fear of liability.

“In consideration of the receipt and evaluation of this application by Calvary Chapel Deer Park, I agree and represent that: The information contained in this application is correct to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I waive any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

I also acknowledge that both the church and I have the right to terminate the volunteer relationship at any time, with or without cause or advance notice.”

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Signature

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Date

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Name (please print)

---

Driver's License Number

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Parent's Signature (if applicant is under age of 18)

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Date

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO BOX 42633 Olympia, WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH GH 43.43.845

(Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Agency: CALVARY CHAPEL DEER PARK

Attn: Church Board

Address: 511 S. Main St.

City/State/Zip: Deer Park, WA 99006

I certify this request is made pursuant to and for the purpose indicated.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Area Code/Phone Number

### B PURPOSE

Check appropriate box

☐ Educational School District (ESD)/School District Volunteer – No Fee

☒ Non-Profit Business/Organization – No Fee (Excluding Schools & ESD's)

☐ Profit Business/Organization - \$10

☐ Adoptive Parent - \$10

**Fees:** Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

### C APPLICANT OF INQUIRY (please provide as much information as possible – name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_

Last

First

Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number/State: \_\_\_\_\_ /

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

### D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845

Requesting Agency: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Valid Two Years From Issue

Applicant Right Thumb Print (optional)

Continue on Reverse Side



## **WASHINGTON STATE PATROL REQUIRED DISCLOSURE STATEMENT**

Any business or organization conducting a background check on any individual is required, by the Washington State Patrol, to have the applicant complete in writing and sign the following Disclosure Statement sworn under penalty of perjury.

If you answer "yes" to any question, please describe.

Have you been:

- a) Convicted of any crime against children or other persons?
  
  
  
  
  
- b) Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?
  
  
  
  
  
- c) Convicted of crimes related to drugs as defined in RCW 43.43.830?
  
  
  
  
  
- d) Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
  
  
  
  
  
- e) Found by a court in a domestic relations proceeding under Title 26RCW to have sexually abused or exploited any minor or to have physically abused any minor?
  
  
  
  
  
- f) Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
  
  
  
  
  
- g) Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

Revised July 2003