

Volunteer Application

Personal Profile	• •		
Full Name:		Date of Birth:// applicable):If yes, how many?	
Marital Status:	Spouse's Name (if	applicable):	
Gender: Do you h	ave children?	If yes, how many?	
Address:		Apt No.:	
City:	State:	Zip:	
Email:			
Home Phone:	Mobile Phone:		
Work Phone:	Can you receive personal calls at work?		
Best phone to reach you at:	Best time	e to contact you:	
General Information			
Length at Calvary (months/years)_			
Profession or Trade:			
Employer:		Length of Time:	
Please list your hobbies, talents, and	d activities:	Length of Time:	
Ministries you are interested in serv Choice 1:	ving with (please list be	elow):	
Choice 2:			
Choice 3:			
		If yes, please explain:	
Why are you interested in serving v	with the above areas of	ministry?	
Spiritual Life			
•			
Please describe how and when you	came to know Jesus Ch	hrist as your Savior:	
How has your life changed since be	coming a Christian? _		

(continued on reverse)

Office Use Only: Date Rece	ived/	_ Received By	
Interview Date/	Pastor/Ministry Leade	r	Note
Have you been water baptize	d since becoming a Christian?		
If yes, When?	Who	ere?	
Please describe your devotion	nal life (outside of church func	tions):	
	ayer in your life:		
Please list Christian Teachers	, Authors, etc. who have influe	enced you the most:	
Please list any Christian educ	ration/discipleship courses you	have attended:	
Please list your spiritual gifts	/talents:		
Do you currently serve in a m	ninistry? If yes, ex	xplain:	
Is there anything that may him	nder you from serving in minis	stry?	
Is there any other information	n we should know about you?		
References			
Pastor or Ministry Overseer v	who knows you best:		
Reference 1 (not related):		Phone:	
Reference 2:		Phone:	
Have you read and understoo	d Calvary Distinctives by Chu	ck Smith?	
* I have read the Calvary Cha	apel West Valley Statement of	Faith and agree to it v	vithout reservation.

- * I understand that my life is a witness of Jesus Christ and I am living in accord with the Gospel.
- * I understand that in order to serve in a teaching, counseling, or leadership capacity, I must complete the Leadership Application.
- * I understand that I may be required to complete a Background Check and/or Fingerprint Check.

By signing below, you certify that you have read and understand	I the above sta	atements.						
Signature:	_ Date:	_/	_/					
Please Complete these Steps: 1) Attach a recent photo of yourself. 2) Return in Envelope to any agape box or Greeter at an Information Booth. Thank you, and be blessed in God's love for you								