



# Calvary Chapel Santa Fe Springs

*"Loving the Lost to Life"*

12227 Florence Avenue • Santa Fe Springs, California 90670

Phone 562-906-0697 • Fax 562-906-0117

## **MINISTRY APPLICATION**

Please select the ministry(s) below where you wish to serve:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Bookstore              | <input type="checkbox"/> Usher's Ministry         | <input type="checkbox"/> VBS   |
| <input type="checkbox"/> Sound Ministry         | <input type="checkbox"/> Married Couples Ministry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Worship & Music        | <input type="checkbox"/> Parking Lot Ministry     |                                |
| <input type="checkbox"/> New Believers Ministry | <input type="checkbox"/> Greeters Ministry        |                                |
| <input type="checkbox"/> Security               | <input type="checkbox"/> Singles Ministry         |                                |

## **PERSONAL HISTORY**

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Email: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

### **Personal References:**

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

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

## **SPIRITUAL HISTORY**

Have you been born again (John 3:3-5)? \_\_\_\_\_ Give a brief testimony of how you came to Christ:

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How long have you been at CC-Santa Fe Springs? Years \_\_\_\_\_ Months \_\_\_\_\_

How often do you attend services? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Which Services? \_\_\_\_\_

Where did you attend church prior to coming to CC-Santa Fe Springs? \_\_\_\_\_

What were the circumstances that prompted you to leave your former place of worship and come to CC-Santa Fe Springs?

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Names and Phone Number of former Overseer/Pastor: \_\_\_\_\_

Describe your personal spiritual habits: Personal Bible Study \_\_\_\_\_

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Personal Prayer Life \_\_\_\_\_

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Do you attend any of our prayer meetings? \_\_\_\_\_ If so, how often and which meeting? \_\_\_\_\_

Are you attending any of our other group studies? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

List at least two Bible teachers that have taught you outside CC-SFS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Individuals that you know who are currently serving in ministries at CC-SFS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**DOCTRINAL BELIEFS**

Do you believe that the Scriptures are the holy, inspired Word of God? \_\_\_\_\_

What is your understanding of the Trinity? \_\_\_\_\_

Why is the resurrection of Jesus Christ important? \_\_\_\_\_

Why should a person be baptized? \_\_\_\_\_

Do you believe that Jesus is coming again? \_\_\_\_\_

Have you been baptized in the Holy Spirit? \_\_\_\_\_ If so, explain \_\_\_\_\_

How important is the local church in the life of a believer? \_\_\_\_\_

**MINISTRY EXPERIENCE**

Ministries in which you have served in the past at CC-SFS or elsewhere \_\_\_\_\_

List the names of individuals who gave oversight for the above ministries: \_\_\_\_\_

List the spiritual gifts that you believe God has given to you: \_\_\_\_\_

How do you see these gifts being used in the ministry for which you are making application? \_\_\_\_\_

What visions and goals has God given you for future ministry? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to CC-Santa Fe Springs at:

- Administration Office (Wednesday – Sunday 9am-5pm) or
  - Pastor Ray or Greg Gutierrez after a service

A pastor or ministry leader, upon submittal of application, will contact you.