



MINISTRY VOLUNTEER APPLICATION

Kaneohe

Please submit this Ministry VOLUNTEER Application along with the completed Reference Form to the Calvary Chapel Kaneohe Administrative Office.

Please check the Ministry/ministries you are interested in: Cleaning AV/Sound Worship Security
 Kitchen Other

Date: _____

Name: _____ DOB: _____

Address: _____ How long @ present address? _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: (Please check one)

Single Married Divorced Widowed

If married, please give your spouse's name: _____ Date of Ceremony: _____

Child(s) name(s) and age(s) (if applicable):

Give a brief account of your conversion to Christ.

How long have you been attending Calvary Chapel Kane'ohe? What services do you attend?

What church were you previously involved with (if any)?

Do you attend Mid-week or Home Bible Studies?

Which ones and where: _____

How Long: _____

How long have you been at your current place of employment?

What is the nature of your job?

Why do you want to be involved in the Cleaning AV/Sound Worship Security Kitchen Ministry?

Due to the nature of our ministries, we find the following questions necessary due to close contact with other members.

Have you ever been accused of child abuse or sexual abuse or sexual misconduct? (legal or otherwise)

Have you ever used illegal drugs?

If you answered "yes" to any of the above questions please thoroughly explain:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and understand and agree that if accepted, my service or ministry is for no definite period of time.

I understand that my service may be discharged at anytime without prior notice and without cause.

Signature: _____ Date: _____



REFERENCE FORM

Please have at least one friend, employer or co-worker fill out the information below as to your qualifications to assist as a volunteer in our various Ministries at Calvary Chapel Kane'ohe and submit this reference with your application.

Name of Applicant: _____

REFERENCE QUESTIONNAIRE

The individual named above is requesting to volunteer at Calvary Chapel Kane'ohe. Please fill out the following:

Name: _____

Phone for contact: _____

In what capacity do you know this individual? _____

How long have you known this individual? _____

Explain: _____

Thank you.
Signature of Reference: _____ Date: _____