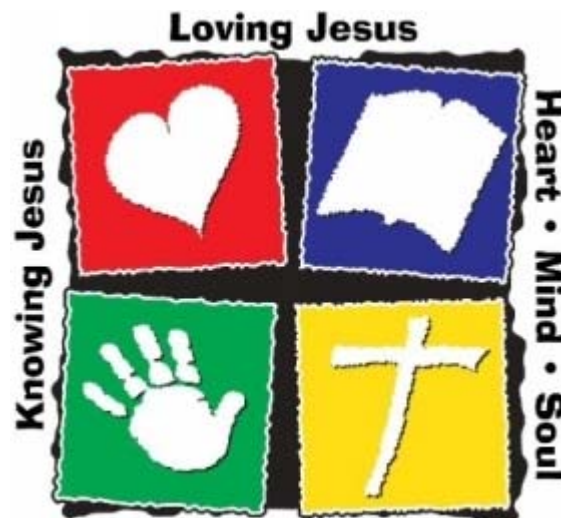


# Calvary Chapel Nuevo

## Children's Ministry

### Volunteer Application Form



We are not looking for professionals, but rather 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

Everyone who volunteers with the Children's Ministry at Calvary Chapel Nuevo, is required to complete this application.

**CALVARY CHAPEL NUEVO  
CHILDREN'S MINISTRY  
VOLUNTEER APPLICATION FORM**

**Personal Information**

Please fill out information completely. **LEAVE NO QUESTIONS UNANSWERED**

Date \_\_\_\_\_

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

(Last)

(First)

(Middle)

D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

mm/dd/yyyy

S.S.N. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital Status: *(circle one)*    Single    Married    Widowed    Separated    Divorced

Spouse's Name: \_\_\_\_\_

# Spiritual Information

1. Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

2. How long have you been a Christian? \_\_\_\_\_

3. How long have you attended Calvary Chapel Nuevo? \_\_\_\_\_

4. Do you consider Calvary Chapel Nuevo to be your home church? \_\_\_\_\_

5. What other churches have you attended regularly in the last five years? \_\_\_\_\_

\_\_\_\_\_

6. Why do you want to be involved in Children's Ministry? \_\_\_\_\_

\_\_\_\_\_

7. Do you have any previous experience in Children's Ministry? \_\_\_\_\_

\_\_\_\_\_

8. Please share when and how you came to know Christ as your personal Savior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What are you doing to grow in your relationship with Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you have any prior training, education, or experience in working with children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you have any physical conditions preventing you from performing certain types of activities relating to this ministry? \_\_\_\_\_

\_\_\_\_\_

# Background Information

1. Have you ever been arrested for anything? \_\_\_\_\_
2. Have you ever been convicted of a felony? Y/N \_\_\_\_\_ if yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been reported by any State or Federal Bureau for allegations of child abuse?  
Y/N \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been accused of harming, or harmed a child? Y/N \_\_\_\_\_ if yes, please explain. \_\_\_\_\_
5. Are there any other circumstances involving your life-style or your background that the Children's Ministry should be aware of before entrusting you with the care of children? \_\_\_\_\_  
\_\_\_\_\_

References: On the following lines, please list the names and addresses of three (3) people who know you well enough to provide character references for staff use in the event that we choose to use them. *Please do not list immediate family members.*

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

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

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

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

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

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

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

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

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

# BACKGROUND CHECK CONSENT

I, \_\_\_\_\_ am an applicant for  
(Print Name)

\_\_\_\_\_ ministry and understand I may be required to interact/assist with children and youth at Calvary Chapel Nuevo. Recognizing the importance of my character being above reproach, I consent to the following:

1. Completing a Calvary Chapel Nuevo Children's Ministry Volunteer Application Form.
2. Allowing Calvary Chapel Nuevo to screen me through a Multi-State Criminal Search.
3. Allowing Calvary Chapel Nuevo to screen me through the Nationwide Sex Offender Registry.
4. Allowing Calvary Chapel Nuevo to verify my Social Security # and address information.
5. Allowing Calvary Chapel Nuevo to contact the personal references listed on the Application Form.
6. Providing Calvary Chapel Nuevo with a photocopy of my California Driver's License or official state identification card for their records.
7. Making myself available for a personal interview by a staff member of Calvary Chapel Nuevo.

***I HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY*** all persons, organizations, and other entities which provide information or references to Calvary Chapel Nuevo with regard to my background. ***I HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY*** Calvary Chapel Nuevo and its clergy, staff, employees and volunteers with regard to any decision that it makes on my application.

I consent to a copy of this consent form being furnished to any organization, entity or person that Calvary Chapel Nuevo deems necessary in connection with its investigation of my background.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Calvary Chapel Nuevo's Statement of Faith.

*By signing this application you agree to each of these points.*

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons, Father, Son, Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His substitutionary and His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that lost and sinful man must be saved, and that man's only hope of redemption is through the shed blood of Jesus Christ, the Son of God.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to lead a godly life.
- We believe in spiritual unity of believers in our Lord Jesus Christ.
- We believe in the resurrection of both saved and unsaved: those that are saved unto the resurrection of life and those that are unsaved unto the resurrection of damnation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

***\* Please Read Carefully Before Signing the Authorization\****

## DISCLOSURE

In considering you for employment and/or as a volunteer and, if you are employed and/or a volunteer, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, ***Calvary Chapel Nuevo*** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment/volunteer-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment/volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

# AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment/volunteer and, if I am employed/volunteer, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment/volunteer decision about me.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact *my current* employer for employment/volunteer reference verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/volunteer Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# Personal Data

---

Last Name

---

First Name

---

Middle Name

---

Current Address

---

Dates Lived Here

---

Addresses for the past seven (7) years: (street, city, state, zip code)

---

Dates of Residence:

---

Date of Birth

---

Other names used (including maiden name)

---

Years used

---

Social Security Number

---

Driver's License #

---

State

---

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment/volunteering and my discharge after acceptance.

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Printed Name

---

Applicant Signature

---

Date