



Dear Volunteer,

Thank you for showing an interest in becoming a volunteer at **VISION CALVARY CHAPEL**. In considering how you can best serve the Lord in this ministry, you must be a born again Christian and consider **VISION CALVARY CHAPEL** as your home church, having shown regular weekly attendance for at least 6 months.

Attached you will find the Ministry Questionnaire form requesting information of a personal nature from you. Let me take the time to explain the purpose of this information being provided to

As we have all been made aware of society's sins through the media, it is now more important than ever to maintain our Christian character and witness to those around us. The Church is by no means exempt from this scrutiny. In fact, it seems to be more and more the center of attention regarding the mistakes and falling away of individuals from the morals they once claimed.

At **VISION CALVARY CHAPEL** we desire to follow the biblical mandates found in scripture. *1 Timothy 3:1* says "Here is a trustworthy saying: If anyone sets his heart on being an overseer, he desires a noble task." This portion of scripture brings things into greater perspective in verse seven- "He must also have a good reputation with outsiders, so that he will not fall into disgrace and into the devil's trap."

As you consider your involvement, please understand that as a volunteer at **VISION CALVARY CHAPEL** you will be looked upon in some form of authority. As such we are attempting to define a standard which will accomplish that which the scriptures speak of as well as the expectations of the society we live in. Enclosed are two documents - **Ministry Questionnaire** and **Background Investigation Consent Form**. Both documents need to be filled out in their entirety. Let me explain the purposes of each:

**Ministry Questionnaire** - I encourage you to answer the questions honestly and openly. If you don't know the answer just write "not sure". We will be happy to discuss it with you. This is designed to provide general information regarding you as a person and you as a Christian. Should you not know answers to some of the questions regarding doctrine, don't worry, that's what God's Word is for. Use it along with a good concordance to accurately state your beliefs.

**Background Investigation Consent Form** - Due to the nature of various ministries, we as a church want to be above reproach as well as have a standard of excellence regarding the character, both past and present, of our volunteers. As a Christian you have seen the gift of redemption through Christ erase your sinful past. This check could possibly bring to light some of your "past" which may be sensitive in nature. The purpose of such information is not to cast judgment, but rather to know that you have maintained "a good reputation with outsiders" (*1 Timothy 3:7*), in accomplishing the "noble task" (*1 Timothy 3:1*), which God has called us to.

Since we are trusting you for the information provided to be accurate and honest, you have to know that this information will be kept in confidence. The leadership of Vision City Church will be the only individuals who have authorized access to any and all information reported in the background check. If after looking over the enclosed documents you feel uncomfortable regarding the request, which we are making, please contact us so that we can talk about this on an individual basis.

My prayer is that you have been given a full and complete understanding of why **VISION CALVARY CHAPEL** is requiring all their volunteers involved in ministries to minors to be fully screened. As a church, we will be a witness to the outside world since the standard to which we are striving is one that exceeds those defined by the laws of man. Of course, we answer to a higher source, and as such, take joy in knowing that these steps have been taken "so that your daily life may win the request of outsiders" (*1 Thessalonians 4:12*).

In His service,

Garid Beeler

Senior Pastor at **VISION** Calvary Chapel



# MINISTRY QUESTIONNAIRE

Thank you for applying to serve at VISION CALVARY CHAPEL. Everyone involved at VISION CALVARY CHAPEL is required to have an active questionnaire on file. Please be aware that a background check is conducted on each applicant as a matter of church policy. **The information provided in this questionnaire is CONFIDENTIAL and will be reviewed, only by those necessary, for approval.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print clearly, answer all questions, and return with a recent **PICTURE** and copy of your **DRIVER'S LICENSE** or **ID Card**. You can return your completed application via email to [contact@visioncitychurch.com](mailto:contact@visioncitychurch.com), or in person at the VISION CALVARY CHAPEL info booth.

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ May we call your work?  Yes  No

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

How long have you lived in CA? \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

If married, please have your spouse sign stating that he/she is in agreement with you serving here at Vision City Church and understand the time commitment: *Signature:* \_\_\_\_\_

Children?  Yes  No If yes, please list: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is VISION CALVARY CHAPEL your home church?  Yes  No

Do you regularly attend VISION CALVARY CHAPEL?  Yes  No How long have you attended? \_\_\_\_\_

Previously attended churches: Name: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ State: \_\_\_\_\_

Did you serve in any capacity at those churches?  Yes  No If yes, please list below.

Area served in: \_\_\_\_\_ Ministry Overseer: \_\_\_\_\_  
Area served in: \_\_\_\_\_ Ministry Overseer: \_\_\_\_\_  
Area served in: \_\_\_\_\_ Ministry Overseer: \_\_\_\_\_

At **VISION CALVARY CHAPEL** I am interested in serving in:

- Women's
- Men's
- Kid's *(Different Application)*
- Worship
- Ushers
- Greeters
- Security
- Other \_\_\_\_\_
- Audio
- Video
- Hospitality

Have you ever been accused, convicted, or pleaded guilty to a felony?  Yes  No *If yes, please explain:*

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

Do you have any communicable diseases?  Yes  No *If yes, please list:* \_\_\_\_\_

Have you had any training and/or certification in CPR or first aid?  Yes  No

Hobbies & Interests: *(Things you like to do)* \_\_\_\_\_  
\_\_\_\_\_

## SPIRITUAL INFORMATION

Are you a born again Christian?  Yes  No How long have you been saved? \_\_\_\_\_

Brief Christian testimony: *(Please indicate year of spiritual birth)*

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

Describe your spiritual walk with God at the present time: *(This is different from your testimony)*

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

# DOCTRINAL INFORMATION

*It is important to us that those teaching our children would be in harmony with us on the basic doctrinal issues. Please select one answer each for each question.*

1. Jesus Christ is fully God and fully human.  Yes  No  Unsure
2. The Holy Spirit is an impersonal force. It is not God. It is not a person.  Yes  No  Unsure
3. When someone is sick, the only reasons are: because they have sinned or because they lack faith to be healed.  Yes  No  Unsure
4. The Book of Mormon is another testimony of Jesus Christ.  Yes  No  Unsure
5. Do you believe in the bodily resurrection of Jesus?  Yes  No  Unsure
6. Does God exist in three persons as One God; the Father, the Son, and the Holy Spirit.  Yes  No  Unsure
7. Do you believe that the Bible is the inspired and authoritative Word of God without error in the original writings.  Yes  No  Unsure
8. As long as you have enough faith, you will be healed.  Yes  No  Unsure
9. The only proof of being baptized with the Holy Spirit is speaking in tongues.  Yes  No  Unsure
10. Jesus never claimed to be God, but was a good, moral teacher.  Yes  No  Unsure
11. Repentance is necessary for salvation.  Yes  No  Unsure
12. Does the Bible have answers to all of man's problems and questions?  Yes  No  Unsure
13. As Christians, does God hear our prayers?  Yes  No  Unsure
14. Do you believe the church will be raptured before the Tribulation period?  Yes  No  Unsure
15. God created the Heavens and the Earth in 6 literal days.  Yes  No  Unsure
16. Do you believe in the Second Coming of Christ?  Yes  No  Unsure
17. Do you believe the Second Coming of Christ has already happened?  Yes  No  Unsure
18. Does God still work miracles today?  Yes  No  Unsure
19. Is there an actual Heaven and an actual Hell?  Yes  No  Unsure
20. Are all of our prayers answered?  Yes  No  Unsure
21. Is baptism necessary for salvation?  Yes  No  Unsure
22. Why should a person be baptized? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Describe briefly the Ministry of the Church. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. Do you disagree with any of the teachings at **VISION CALVARY CHAPEL**?  Yes  No  
If yes, which one(s), and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# REFERENCE & BACKGROUND INFORMATION

Please provide **3** references. THIS IS MANDATORY. List persons not related to you, who have known you at least one year. Please do not list a **VISION CALVARY CHAPEL** Pastor or anyone under the age of 18. Please provide the complete mailing address, phone number, and email of each one. If the information is not complete, this questionnaire will be returned to you for complete reference information. All **3** reference letters (*which the church will send out*) must be received prior to approval to serve at **VISION CALVARY CHAPEL**.

PLEASE PRINT CLEARLY & COMPLETELY!

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to this person: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to this person: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to this person: \_\_\_\_\_  
Email: \_\_\_\_\_

In addition, if possible, list a pastor, elder, or other leader at **VISION CALVARY CHAPEL** who can give you a reference.

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



We are excited that you are interested in being involved at VISION CALVARY CHAPEL.

Here are a few reminders of the commitments required of each volunteer:

**SPIRITUAL COMMITMENT:**

Understand that the same standards of personal conduct that apply to Pastor Garid (*Senior Pastor*) also apply to every member of the VISION CALVARY CHAPEL ministry team. Please note that if you do become part of this team, that you are immediately placed in a position that requires an even greater level of responsibility and accountability before the Lord and His people.

**PRACTICAL COMMITMENT:**

VISION CALVARY CHAPEL team members are required to be at the church at the appointed time for their department. Punctuality is a must!

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The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for children's ministry. In consideration of the receipt and evaluation of this application by VISION CALVARY CHAPEL, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

In this ministry I will support the leadership of VISION CALVARY CHAPEL. If my application is accepted, I understand the impact my private life will have on this ministry, and those who I may not even know personally who attend VISION CALVARY CHAPEL. Thus, I will do my best to seek the Lord with all of my heart, soul, and mind.

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

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

Parent's Signature (*if under 18*): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## BACKGROUND INVESTIGATION CONSENT FORM

The information provided below is **CONFIDENTIAL** and will be reviewed, only by those necessary, for background check.

I, \_\_\_\_\_, hereby authorize **VISION CALVARY CHAPEL** and/or its agents to make an independent investigation of my background, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my questionnaire and/or obtaining other information, which may be material to my employment and/or volunteerism with **VISION CALVARY CHAPEL**.

I release **VISION CALVARY CHAPEL** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name –OR– Other Names Used: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

*Present* Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

*Former* Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State of Driver's License: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_