



*Not that we have dominion over your faith, but are fellow workers for your joy;  
for by faith you stand. II Cor. 1:24*

**INSTRUCTIONS:**

- 1) Please read the application and then answer each question thoughtfully and truthfully.
- 2) Please print legibly.
- 3) If the application not already stapled together, please staple all five pages together (double sided is acceptable).
- 4) Be sure to initial in the bottom right corner of each page and sign the application.
- 5) Return the completed application to the church office or email it to: office@calvaryokinawa.com. A ministry leader or pastor will contact you soon.

**MINISTRY INVOLVEMENT APPLICATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Years There: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**IMMEDIATE FAMILY MEMBER INFORMATION**

| FAMILY | FULL NAME | GENDER | DOB | CURRENT AGE |
|--------|-----------|--------|-----|-------------|
| SPOUSE |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |
| CHILD  |           |        |     |             |

# TELL US ABOUT YOUR SPIRITUAL JOURNEY

HOW and WHEN did you come to know Jesus Christ as your personal Savior ?

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Describe your spiritual walk with God at the present time:

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Are there any issues in your personal background that may disqualify you from Ministry (any issues that may be viewed as disqualifying or may be viewed as causing others to stumble in relation to the qualifications for ministry given in the letters to Timothy and Titus) ?

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Have you ever molested or physically abused a minor ? Yes / No

If yes: please explain:

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Have you ever been convicted of or pleaded guilty to a felony ? Yes / No

If yes: please explain:

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Ministries you have previously been involved with (other than Calvary Chapel Okinawa):

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

How long have you been attending Calvary Chapel Okinawa ? \_\_\_\_\_ y \_\_\_\_\_ m

Frequency of attendance per month: \_\_\_\_\_

Services you frequently attend (check all that apply): \_\_\_ Sun 08:30 \_\_\_ Sun 10:30 \_\_\_ Wed 19:00

Are you currently attending any ministries at Calvary Chapel Okinawa such as Men's or Women's Bible Studies ?

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Current or previous ministry leader reference:

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

## TELL US ABOUT YOUR BELIEFS

|     |    |   |
|-----|----|---|
| Yes | No | Do you believe that Jesus Christ is the ONLY way to God ?   |
| Yes | No | Do you believe we are saved ONLY by the grace of God ?  |
| Yes | No | Do you believe the Bible is absolute Truth, written by men, inspired by God ?                           |
| Yes | No | <i>Do you believe that all three persons of the Trinity are equally God ?</i>                           |
| Yes | No | Do you believe spiritual gifts (prophecy, healing, miracles, tongues, etc.) are still operating today ? |

Please share your beliefs on the following. Use Scripture references when applicable.

CHRISTIAN SERVICE:

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CONSUMPTION OF ALCOHOL:

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USAGE OF TOBACCO PRODUCTS:

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# MINISTRY INTERESTS & AVAILABILITY

(Check ALL that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Nursery (0-2 yrs)                 | <input type="checkbox"/> Usher/Greeter              |
| <input type="checkbox"/> Toddlers (2-3 yrs)                | <input type="checkbox"/> Men's                      |
| <input type="checkbox"/> Pre-School-Kindergarden (4-5 yrs) | <input type="checkbox"/> Women's                    |
| <input type="checkbox"/> 1st-3rd Grade                     | <input type="checkbox"/> Sound & Media              |
| <input type="checkbox"/> 4th-5th Grade                     | <input type="checkbox"/> Worship (Instrument/Vocal) |
| <input type="checkbox"/> Middle School                     | <input type="checkbox"/> Manna Ministry (Meals)     |
| <input type="checkbox"/> High School                       | <input type="checkbox"/> Orphan Ministry            |
| <input type="checkbox"/> Calvary Kid's Club (Wed @ 7pm)    | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Crossroads (Bilingual Study)      |   |

Days you are available to serve:  Sun  Mon  Tues  Wed  Thur  Fri  Sat

Services you are available to serve in:  Sun 08:30  Sun 10:30  Wed 19:00

Frequency:  Weekly  Every Other Week  Monthly  Every Other Month

If serving in a ministry that will cause you to miss a Sunday morning worship service, will you make every effort to attend the other service, either 08:30 or 10:30? Yes / No

## AREAS OF INTEREST FOR FUTURE MINISTRY INVOLVEMENT

FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

**\*Return the completed application to the church office or email it to: [office@calvaryokinawa.com](mailto:office@calvaryokinawa.com). A ministry leader or pastor will contact you soon. Thank you for your heart to serve the body at Calvary Chapel Okinawa!**

