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MINISTRY QUESTIONNAIRE LEVEL 1

PLEASE PRINT CLEARLY

Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May you receive personal calls at work? Y or N

E-Mail: _____

Place of Employment: _____

Trade or Profession: _____ Years There? _____

Marital Status: Married ____ Single ____ Separated ____ Divorced ____

If married, what is your spouse's name? _____

Do you have children? Y or N If yes, what are their names and ages?

How and when did you come to know the Lord Jesus Christ as your personal Savior?

Have you been water baptized? ____ When? ____ Where? _____

Are you regularly attending Calvary Chapel Gwinnett? Y or N If Yes, how long? _____

Which service (s) do you attend on a consistent basis?

__ Sun 9AM __ Sun 11AM __ Wed 7PM

As a personal reference, please provide us with the names of two people who know you well, one of who should be a staff or lay leader at Calvary Chapel Gwinnett.

Name: _____ Phone: _____

How long have you known this person? _____

Name: _____ Phone: _____

How long have you known this person? _____

Do you agree with Calvary Chapel Gwinnett Statement of Faith? Y or N_____

If no, please explain: _____

If applicable, please list the names of any other churches (and their addresses, if they are out of town) that you have attended regularly during the past five years.

In what area of ministry would you like to volunteer?

Why would you like to be involved in the ministry?

Why do you attend Calvary Chapel Gwinnett?

I understand that I represent Christ and Calvary Chapel Gwinnett in my involvement with this ministry. I am prepared to temporarily remove myself if I am dealing with an active problem in my life that could undermine my witness and damage the church's reputation. I understand that a pastor or elder will interview me before approval is given to volunteer in this ministry.

Signature_____

Date_____