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## MINISTRY QUESTIONNAIRE LEVEL 2

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?

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

\_\_\_ Sun 9AM \_\_\_ Sun 11AM \_\_\_ Wed 7PM

In what area of Level 2 ministry would you like to volunteer?

When are you able to serve?

What language(s) do you speak?

Where and how long have you currently served as a Calvary Chapel Gwinnett volunteer?

Which statement best describes you? (Check One)

- I have no experience in serving in this area of ministry, but I am eager to learn.
- I have very little experience, but I am learning
- I have a lot of experience in this area

Briefly, recap your testimony, when you became a Christian and how has your life changed?

Describe your devotional life, and where you are spiritually, right now.

What part does prayer play in your life?

What, if any, Christian authors, books, pastors or teachers have influenced you the most?

Please list or describe your spiritual gifts. What indications in your life confirm these gifts?

Please list or describe your talents, skills, hobbies, etc.

Please list any Bible institute, adult education classes, workshops, counseling classes, and training classes that you have attended.

Is there anything else we should know about you? Perhaps you would like to discuss a circumstance God allowed to occur in your life that equipped you to minister to others.

What would you do if you filled out this Questionnaire and were NOT selected for participation in ministry?

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? \_\_\_\_\_

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:** \_\_\_\_\_