Thank you for your desire to serve in Children's Ministry. Because children are our most treasured gifts, we ask that Children's Ministry volunteers agree with the Vision and Statement of Faith at Calvary Chapel San Clemente and conduct themselves in a way that is consistent with them. We also ask that all volunteers agree to a background check and submit references.

Please return this completed form to the Children's Ministry Director: *Terri Warejko*

Name: _____
first   initial   last

Address: _____
Number   street   apt. No., Unit, P.O. Box

_____
city/town   zip code

Phone, Fax, E-mail:

Home #: _____ (H) Fax:_____ (H) E-mail:_____

Work #: _____(W) Fax:_____(W) E-mail:_____

Best tie to call? A.M./P.M   Cell #:_____

Children's Ministry Position you wish to apply:

____Lead Teacher   _____Assistant Teacher   _____Greeter/Jr.Helper: _____   Worship/Media Team

Start Date:_____   **How often can you serve?:_____**

Why do you want to serve in Children's Ministry?

_____
_____

Describe your Christian faith and experience.

_____
_____
_____

Reference Check Permission Form

I _____ (please print name), give Calvary Chapel permission to contact the references listed below to discuss my suitability as a _____ (list position applying for)

Signature: _____   **Date: _____**

List three persons who have knowledge of your qualifications. Your references should be people you've known for at least 5 years. Only one reference can include a family member.

Reference One Name:

_____
First   initial   last

Address: _____
Number   street   Apt No., Unit, P.O. Box

_____
City/Town   zip code

Phone: _____ E-mail: _____

Best time to call? A.M./P.M.

Relationship to candidate: _____ Length of relationship: _____

Reference Two Name:

_____
First   initial   last

Address: _____
Number   street   Apt No., Unit, P.O. Box

_____
City/Town   zip code

Phone: _____ E-mail: _____

Best time to call? A.M./P.M.
Relationship to candidate: _____ Length of relationship: _____

Reference Three Name:

_____
First   initial   last

Address: _____
Number   street   Apt No., Unit, P.O. Box

_____
City/Town   zip code

Phone: _____ E-mail: _____

Best time to call? A.M./P.M
Relationship to the candidate: _____ Length of relationship: _____