



Calvarys School of Ministry Core 2 Application

Dear Applicant:

We are thankful that you have decided to apply for admission to Calvary’s School of Ministry Core 2 (CSMC2). CSM is committed to helping believers become equipped for the work of the ministry through an education/internship philosophy. Please complete the entire application. For references, choose three people who are not related to you, whom you have known well for at least one year. One reference must be from a pastor. [The reference forms should be returned to you, signed and sealed in an envelope, which you will need to turn in with your application packet to the Administrative Assistant or the Connection Center.] The personal information you provide in this application will be held in confidence and in compliance with the Family Educational Rights and Privacy Act (FERPA).

Deadline Date for Application and Tuition		Monday, August 22, 2011
Tuition Cost		\$55 per quarter
Internship Start Date		Tuesday, September 6th, 2011

The Administrative Assistant will contact you with a solidified weekly schedule after receiving your application. Please note that we will do our best to accommodate your schedule in accordance to the information you provide. For any questions concerning schedule changes or absences, please contact the Core 2 Administrative Assistant, Milena McAllister by calling 702.362.9000 ext. 285 or emailing at milenamcallister@ccsv.net.

Core 2 Requirements and Commitments

As a student intern, you will

1. Be responsible to submit the application on the deadline date.
2. Be required to submit the quarterly tuition payment of \$55 on all deadlines.
3. Be responsible to devote 8-10 hours to intern alongside a pastor or minister.
4. Experience discipleship with pastors or ministers here at CCSV.
5. Attend lecture formatted classes.
6. Be expected to follow CCSV procedures.



GENERAL INFORMATION

Date ____/____/____

First Name _____ Last Name _____

Address _____

Zip Code _____ Email _____

Home Phone _____ Cell Phone _____

Work Phone _____ May we call your work? ___yes ___no

Birth date ____/____/____

Occupation _____

Gender ___Male ___Female

EMERGENCY CONTACT INFORMATION

Name _____ Phone No. (____) _____

Address _____

MEDICAL INFORMATION (Use a separate sheet of paper if necessary.)

Are you in good health? ___Yes ___No

Please list any health issues, illnesses, or handicaps that you currently deal with: _____

Do you presently have health insurance? ___ Yes ___ No

Company Name: _____ Name of Insured: _____

Policy #: _____ Contact Phone #: _____

Start Date: _____ Expiration Date: _____

TERMS AND CONDITIONS OF ENROLLMENT

CSM Core 2 Internship: I understand that each intern server in a practical area of service on average of 8 to 10 hours per week. I also understand that as an intern graduate, I am not guaranteed a position, ordination, or placement into the ministry at CCSV. (Please call if you have questions).

INITIALS: _____

Financial Responsibility: I understand that tuition is due and payable prior to the start date.

INITIALS: _____



Liability Waiver: I understand that during my attendance at Calvary Chapel Spring Valley, I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to, personal injury (serious or otherwise), property damage and death (“injuries and damages”) from such participation. I agree to inspect equipment and pairings prior to participation. I will immediately inform a pastor, minister or staff member if I believe that anything is unsafe or beyond my capability and refuse to participate.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel Spring Valley and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of Calvary Chapel Spring Valley’s facilities (including but not limited to all rooms, open areas and parking lot, fields, and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims, and release for liability Calvary Chapel Spring Valley, its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel Spring Valley, its officers, directors, employees, agents, and leaders from any claims, damages, injuries, or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity. I have been informed that I need to provide my own coverage for medical and premises liability insurance and that if I cannot insure myself, I alone am responsible for all costs for injuries and damages.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE AND AGREEMENT TO PARTICIPATE. I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed Name

Signature

Date



MINISTRY QUESTIONNAIRE

Everyone involved in any part of CSM Core 2 program is required to have an active Ministry Questionnaire on file. Please answer all questions.

1. Of the following categories, which two do you have the most experience in?

- ___ technology ___ coffee shop ___ music ___ landscaping/maintenance
- ___ housekeeping ___ working with children ___ food service

2. Please check which ministry or ministries you may be most interested in serving:

- Men's Ministry Women's Ministry Youth Ministry Children's Ministry
- Missions Facilities Worship Ministry Administration
- Outreach Media Ministry Book Store Coffee Shop
- Food Care Home Fellowships Ministerial Care Young Adults

3. Do you already serve regularly at church? If so, please indicate your specific area of service.

4. During Core 2, what days will you be available to serve?

- ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Sunday

5. What time of the day are you available:

- ___ Mornings ___ Afternoons

6. If you know what hours throughout the week you are free, you may indicate below. Please recognize that your schedule may not be in accordance with the CCSV hours and may need to be adjusted.

7. How long have you been a Christian? _____

8. How long have you attended Calvary Chapel Spring Valley? _____

9. Where did you attend before? _____

Why are you interested in participating in Core 2? _____

PERSONAL CONDUCT INFORMATION

1. Do you have a history of any violence/abuse toward others, or sexual immorality? ____Yes ____No
2. Are you a current smoker? ____Yes ____No
3. Do you currently drink alcoholic beverages? (If yes, explain)

4. Have you ever or do you currently use any illegal drugs? (If yes, explain)

5. Are you currently involved in any problematic interpersonal relationships? (If yes, explain)

6. Is there any habitual sin your life? ____Yes ____No
7. Have you been in a rehab program? ____Yes ____No
8. If you have answered yes to any of the above questions, please give an explanation and dates:

PERSONAL BELIEFS

On a separate sheet of paper, please state your beliefs on the following subjects. This is not a test of your Bible knowledge, but we do want to know what you believe regarding some key and sometimes controversial doctrines.

1. What is the significance of water baptism?
2. What is the significance of the baptism of the Holy Spirit and gifts?
3. What are the reasons for trials and sickness (are all healed)?
4. According to the teaching of the Trinity, is Jesus God?
5. Why is this (Jesus is God) important?
6. Rapture of the Church?
____Pre Tribulation
____Mid Tribulation
____Post Tribulation
7. How is someone saved and how can we be sure we are saved?
8. Do you believe that any person can exercise their free choice to be saved? Why or Why Not?
9. Do you disagree with any of Calvary Chapel Spring Valley's teachings? If so, why or why not?



Core 2 Reference Form

Applicant's Name (in print)

Note to the Applicant:

Please provide three reference applications. Two references must be filled out by persons not related to you and have known you at least a year. One reference application must be filled out from a pastor or leader in the church. THIS IS MANDATORY. All reference applications must be submitted in a sealed envelope with the name of the applicant and Core 2 labeled on it. All references may be submitted to the Connection Center or the Administrative Assistant.

Applicant's Signature

Date

Note to the Reference:

This information will be held in strict confidence. The above named applicant has applied for acceptance to CSM Core 2 and has named you as a reference. Your reference contributes to the decision made by our pastors regarding this applicant. Therefore, please be thorough and timely in your response.

Please return this form directly to the applicant in a signed and sealed envelope.

Your Name (please print): _____ Date: _____

Contact number: _____ Email: _____

Church/organization to which you belong: _____

How long have you known the applicant? _____ How long has the applicant been an active Christian? _____

In what capacity have you known the applicant? _____

Describe the evidences you see in the applicant's life that demonstrates his/her commitment to follow Christ.

Please state any concerns or recommendations that would assist us in the selection of this applicant.

Please circle the appropriate number on the following questions. Use "?" if you feel your knowledge of the applicant is insufficient in that area.

	UNKNOWN	POOR	AVERAGE	OUTSTANDING
Responsibility- Ability to faithfully assume and complete duties/obligations:	?	1 2	3 4	5 6
Adaptability—Ability to adjust to changes in circumstances:	?	1 2	3 4	5 6
Cooperation/Teamwork—Relates well to others in a living work setting:	?	1 2	3 4	5 6
Communication—able to express thoughts, feelings, and ideas with others:	?	1 2	3 4	5 6
Spiritual Maturity- Demonstrates holiness, maturity, and consistency:	?	1 2	3 4	5 6
Church Involvement:	?	1 2	3 4	5 6
Emotional Stability:	?	1 2	3 4	5 6
Personal Recommendation:	?	1 2	3 4	5 6

Thank you for your cooperation in this matter. Please return this form to the applicant in a sealed envelope.



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