

WORSHIP MINISTRY QUESTIONNAIRE
Calvary Chapel Pacific Coast
6400 Westminster Blvd., Westminster, CA 92683 714-893-4141

NAME: _____ AGE: _____ MALE [] FEMALE []

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE (____) _____

E-MAIL: _____

How long have you been a born-again Christian? _____

How long have you fellowshiped at C.C.P.C.? _____

How often do you attend services here? _____

Where did you fellowship before here? _____ Were you involved there? _____

Why are you interested in ministering here? _____

Briefly state your beliefs on the following. This is not a test of your Bible knowledge, but we do want to know what you believe regarding some key and sometime controversial doctrines.

Do you believe the Bible is inspired, without error, and is the Word of God? Yes _____ No _____

How is someone saved? _____

Do we *have* to do anything after we are saved? Yes _____ No _____ Briefly explain: _____

Reason(s) God allows trials and sickness? _____

Should we all expect to be healed? Yes _____ No _____ Briefly explain: _____

Is Jesus God? _____ What importance does this hold? _____

Do you disagree with any of the teaching of C.C.P.C.? _____ If so, which ones and why? (Use other side of form.)

(Your signature here)