

Calvary Chapel of Sarasota  
3800 27TH Parkway Sarasota, Florida 34235  
Phone (941) 365-WORD (9673)  
www.calvarychapelsarasota.com

**Teaching Ministry Application:**

**Today's Date:**     /     /

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (    )     Cell:     Fax:     Work: \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Your Birthday:     /     /     Spouse Name: \_\_\_\_\_

Children: (names and ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been married? Since: \_\_\_\_\_

How long have you been attending Calvary Chapel? \_\_\_\_\_

How long have you been saved? \_\_\_\_\_

Have you been baptized? \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Give a brief description of how you came to know Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What do you believe about the Word of God? \_\_\_\_\_

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What is your view concerning the ministry of the Holy Spirit? \_\_\_\_\_

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Give a brief description of the Gospel message: \_\_\_\_\_

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What is your view on Satan? \_\_\_\_\_

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What is your view on sin? \_\_\_\_\_

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