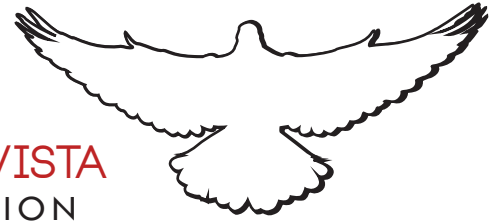




CALVARY CHAPEL SIERRA VISTA
HIMPACT MINISTRY APPLICATION



Personal Information

Name: _____ Male Female
Last First

Address: _____
Street City State Zip

Home Phone: () _____ Email: _____

Ministry applying for: _____ Date: ____/____/____



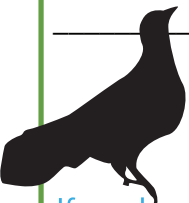
Testimony

How long have you been a Christian? _____ Attended Calvary Chapel SV? _____

Briefly describe your conversion experience. _____

Why do you want to serve? _____

Is there anything in your life that would hinder your witness for Christ in any way? Any habits? If yes, please explain: _____



If you have questions, call the church office at 378-1020. Please drop your completed application in the agape box or hand it in at the Church office.