

Membership Questionnaire

Date:				
We are honored that you would take this s vision of Christ Church and desire members taken time to get to know what Christ Church	ship. We ask for backg			
Married couples, note: Each spouse should	complete a questionna	ire.		
Personal Information				
Name (circle one: Mr. /Mrs. /Miss):				
Address:				
City:	State:		Zip Code:	
E-mail address:				
Cell Phone:	Home Phone:		Work Phone:	
Date of Birth (month/day/year):			Age:	
Marital status: Married/Single/Other (specif	y):	Spouse's Name:		
If separated/divorced, date of separation/di	vorce:			
List your children – include minors and adu	lts: (Skip this if your sp	ouse filled it out.)		
<u>Name</u> <u>Gender</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Gender</u>	Date of Birth
1)		6)		
2)		7)		
3)		8)		
4)		9)		
5)		10)		
Previous Church Information	on			
Previous Church Name:		Pastor's Name:		
Church Email:		Church Phone:		
Did you leave your previous church on good	terms? Yes No	☐ If no, please explain		
Do you have any unresolved conflicts with m	nembers of your previo	us church? Yes \Box N	o □ If no, please explai	n.
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Was there any discussion of you being considered for church discipline prior to leaving your last church? Yes \square No \square If no, please explain.
Does your former church know you are seeking membership at another church? Yes \square No \square
Life Challenges
Have you been under the care of a counselor, psychologist or psychiatrist in the past 5 years? Yes No If yes, for what condition?
Are there any other life challenges that you are currently facing or have faced in the past which would help us know you? Yes \square No \square If yes, please explain.
Your Relationship with God
When did you come to faith in Jesus Christ? (date or approx. age)
Have you been baptized as a believer in water? Yes □ No □ If yes, when?
If no, would you like to be baptized? Yes \square No \square
In your own words, what is the gospel?
Please briefly share how you became a Christian.
What is your understanding of the role of the Holy Spirit in a believer's life?
In a few words describe your current walk with God.



Membership Commitment

Our Statement of Faith can be downloaded from the website - http://www.ccmtairy.org/statement-of-faith/

Having repented of my sins, turned in faith to Jesus Christ, participated in believer's baptism, and being in agreement with Christ Church's Statement of Faith, I desire to become a member of Christ Church.

As a member of Christ Church I will seek to:

- 1. **Embrace the vision** of Christ Church by living as a Disciple in Community on Gospel Mission. (Matthew 28:19-20)
- 2. **Participate in the life of the church** by regularly attending the church gathered and the church scattered in a Community Group. (Hebrews 10:24-25)
- 3. **Support the church** through financial giving. (Acts 2:46, 1 Cor.16:1-3; 2 Cor. 9:7)
- 4. **Spur others on** to love and live for Jesus through my example and seeking to resolve differences and conflicts quickly and biblically. (Ephesians 4:3, 13; Heb. 10:24-25)
- 5. **Submit myself to church discipline** should three or more believers conclude that I am living in sin and believe I have a hard heart. (Matthew 18, Titus 2:15)
- 6. **Know God as a Student** through reading and meditating on the Scriptures and engaging in the preaching of the Word. (*Psalm* 19:7-8, 119:10-18, John 17:17; 2 Timothy 3:16)
- 7. **Love God as a Worshipper** by seeking fresh fillings of the Spirit and asking God to enlarge my heart toward Him. (*Psalm 119:32; Matthew 22:37; John 4:23-24, Ephesians 5:18-20*)
- 8. Act Like God as an Image Bearer by seeking to kill sin and walk in righteousness. (Romans 8:13, 29; 2 Cor. 3:18; Phil 1:27; Col 3:1-25; Titus 2:11-14)
- 9. **Serve Others as a Community Builder** by being outwardly focused and meeting the needs of those in Christ Church as the Spirit leads. (Acts 2:42-47; Rom. 12:11; Eph.2:10; 1 Peter 4:10)
- 10. Proclaim the Gospel as a Missionary by living on mission every day. (2 Cor. 5:20; Col. 4:5-6)
- 11. **Rest in Grace as a Child of God** by meditating on the Gospel and seeking regular times of simply enjoying my relationship with Him. (*Romans 4:16; 2 Timothy 2:1; Hebrews 4:9, 13:9*)

As the pastor of Christ Church I commit to you the following:

- 1. **Preach the Gospel** of grace to you as the only hope for reconciliation with God, the forgiveness of sins and eternal life. (1 Corinthians 15:3; Titus 2:1)
- Lead Christ Church with a clear vision and equip you to live as a Worshipper, Student, Image Bearer, Community Builder, Missionary and Child of God as you live on Gospel Mission. (Heb. 10:24; Eph. 4:12; 1 Peter 5:1-5)
- 3. Pray for you and care for you. (Acts 6:4, 20:28; Heb. 13:17)

Matt Maka's Signature (Lead Pastor)

4. Administer the Lord's Supper, Baptism & Church Discipline. (1 Cor. 11; Acts 10:47, Matt. 18)

5.	Watch my life and doctrine closely in community, as I seek	to live above reproach as a Worshipper, Student, Image Beare			
	Community Builder, Missionary and Child of God. (Acts 20:28; 1 Tim 4:13-16)				
	Signature	Date			

Date



Children's Ministry Volunteer Application

As a member of Christ Church we ask that everyone:

- 1) Take a regular turn serving in Christ KIDS in some capacity.
- 2) Read the online Child Protection Policy: http://www.ccmtairy.org/membership/
- 3) Fill out the General Information Form below.

We understand that there are circumstances that might make it difficult for an individual to serve in Christ KIDS. If there is any reason why you might be unable to fully and effectively serve with children or youth, please explain here.

Child Protection Policy

Please read the Child Protection Policy on our website at: http://www.ccmtairy.org/membership/

The undersigned below represent that they have read and understand the Child Protection Policy of Christ Church of Mt. Airy ("CCMA").

CCMA's desire is to protect the children who participate in Children's Ministry CCMA and other activities under CCMA's Children's Ministry. The above referenced Child Protection Policy has been developed, which contains screening requirements for individuals who desire to serve in employee or voluntary positions with children ("Children's Ministry Workers") and youth ("Youth Ministry Workers") guidelines for reducing the likelihood of child abuse within the CCMA Children's Ministry, and the reporting requirements for child abuse in CCMA's Youth and Children's Ministry.

Signature	Date
Printed Name	

This application is to be completed by all applicants seeking to serve in volunteer positions involving children. This application must be completed by the applicant, and approved by Christ Church of Mt. Airy (CCMA), before the applicant will be permitted to work with children or youth. This form is being used to help CCMA provide a safe and secure environment for those children and youth who participate in caring for and discipling children and youth. You must be a CCMA member or child of a CCMA member to serve in a volunteer position involving children. Therefore, if you are not a CCMA member, you will not be permitted to serve until you are an official member. This form is not an employment application.

GENERAL INFORMATION

Social Security Number:							
Applicant's Full Legal Name:	First Mic	ddle	Last			_	
Have you ever been known by	a different name?	Yes □	No □				
If yes, please state all such	names:						
Please list all other addresses	where you have resi	ded durin	g the pas	t five years: (attacl	ı a separate sl	neet, if necessar	·y)
	Applicant's Full Legal Name: Have you ever been known by If yes, please state all such	Applicant's Full Legal Name: First Mi Have you ever been known by a different name? If yes, please state all such names:	Applicant's Full Legal Name: First Middle	Applicant's Full Legal Name: First Middle Last Have you ever been known by a different name? Yes \(\scale \) No \(\scale \) If yes, please state all such names:	Applicant's Full Legal Name: First Middle Last	Applicant's Full Legal Name: First Middle Last Have you ever been known by a different name? Yes \(\scale= \) No \(\scale= \) If yes, please state all such names:	Applicant's Full Legal Name: First Middle Last



CHILDREN AND YOUTH WORK BACKGROUND INFORMATION

5.	Have you ever been convicted of, or pleaded guilty to, or are charges pending concerning, any crime or misdemeanor involving actual or attempted child abuse or neglect or sexual molestation in the Maryland, or in any other jurisdiction, including but not limited to murder, abduction for immoral purposes, sexual assault, failing to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity offenses, or similar moral impropriety involving children that has not been expunged?
	Yes No If yes, please explain (attach a separate page, if necessary)
6.	Have you ever been convicted of, or pleaded guilty to, or are charges pending concerning, any other crime that has not been expunged? (Note: Conviction of a crime that does not involve any risk to children or youth is not an automatic bar to serving at CCMA.)
	Yes □ No □ If yes, please explain (attach a separate page, if necessary)
7.	Have you ever abused a minor or engaged in any conduct that could be regarded as child abuse or neglect, including but not limited to murder, abduction for immoral purposes, sexual assault, failing to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity offenses, or similar moral impropriety involving children?
	Yes □ No □ If yes, please explain (attach a separate page, if necessary)
8.	Because we take very seriously our responsibility to protect the children who participate in our programs and use our facilities, as part of our background check on applicants, we may consult sex offender registries and national child abuse databases, as well as local law enforcement officials and child protective services. Do you have any reason to believe that such a background check on you would disclose any negative information?
	Yes No If yes, please explain (attach a separate page, if necessary)
9.	Do you have a medical condition that is considered potentially contagious or that could be transmitted to children during the course of normal duties?
	Yes No If yes, please explain (attach a separate page, if necessary)



10.	Yes \square No \square If yes, please provide all such information (at		en and youth?
11.	Have you at any time during the past five years used illegal dru Yes \Box No \Box	gs or other illegal controlled substance	rs?
12.	During the past five years have you participated in a patter alcoholic beverages or abused prescription drugs of any kind? Yes \Box No \Box	n of being intoxicated or otherwise in	ndulged excessively in any
13.	Have you at any time during the past ten years intention transmission of, or otherwise used, child pornography of any types \Box No \Box		reation, dissemination, or
	AFFIRMATION AND ACKNO ould my application be accepted, I agree to be bound by all polic the CCMA Child Protection Policy, and to refrain from all illegal	cies, standards and regulations of CCM.	•
	half of CCMA.	f the foregoing questions change	
I he	Il update CCMA in a timely manner should the answers to any or ereby affirm and acknowledge, by signing immediately below, to egoing questions are true and complete, and that any misreprograged as a volunteer or employed, dismissal. I declare under peregoing is true and correct.	hat all of the information provided an esentation or omission may be groun	ds for rejection or, if later
AF	PPLICANT'S SIGNATURE	DATE	_
AF	PPLICANT'S PRINTED NAME	DATE OF BIRTH	_
W	TITNESS SIGNATURE (REQUIRED)	DATE	_
(Ple	ease note that any questions or concerns regarding this form ma	ay be discussed with Matt and/or an Eld	der)



Disclosure Notice and Authorization Regarding Consumer Reports and Investigative Consumer Reports

I understand that a consumer report and/or investigative consumer report containing information concerning my character, general reputation, personal characteristics and mode of living may be obtained in connection with my application for and/or continued volunteer service with Christ Church of Mt Airy. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during volunteer service with Christ Church of Mt Airy.

I understand that I have the right to request within a reasonable period of time disclosures as to the nature and scope of the investigation requested. I understand that before an adverse action is taken, based in whole or in part to the contents of the consumer report or investigative consumer report, that I will receive a free copy of the report, the name, address and telephone number of the reporting agency, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize Christ Church of Mt Airy and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for volunteer service, discipline, retention, assignment, reassignment, and to make an independent investigation of my background, including but not limited to, references, character, general reputation, personal characteristics, mode of living, personal interviews with those acquainted with me, motor vehicle records, drug screening records, federal, civil, criminal, sex offender and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application, resume, or in other supporting documentation and/or obtaining other information, which may be material to my qualifications.

I hereby authorize and request, without any reservation, that any present or former law enforcement organization, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me furnish any and all information in their possession regarding me, in order that my qualifications may be evaluated. I hereby assert a telephonic facsimile and/or a copy of this authorization shall be as valid as the original.

Full Name (typed or printed)	Social Security Number	
Street Address	Driver's License Number	
City/ State/ Zip	Date of Birth (MM/DD/YYYY)	
Former Names (including maiden name)		
Signature	Date	