



CALVARY REVIVAL CHURCH

C.A.R.E. LEADER APPLICATION

~ Please complete one application per person ~

Date of Application: _____

Name: _____ (last) _____ (first)

Applying to be: CARE Group Leader CARE Group Apprentice Leader

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Current CARE Group: _____

ROUTING For Office Use Only

(Initial and Date)

CARE LEADER _____

DISTRICT LEADER _____

AREA LEADER _____

PASTORAL LEADER _____

Church Information

1. How long have you attended Calvary Revival Church? _____
2. Are you a confirmed member of CRC? _____
3. Have you completed Follow Up Training? _____ If so, when? _____
4. What roles have you functioned in for CRC CARE Ministry? _____

5. What other ministries have you participated in at CRC? _____

6. What leadership roles have you fulfilled in other churches? _____

Leadership Information

1. Have you attended the Basic Leadership Training seminar? _____
When? _____
2. Have you ever participated in the leadership of a small group? _____
If yes, what type of group? _____ What role? _____
3. Why do you want to serve as a CARE leader? _____

4. If married, are you and your spouse in agreement about you becoming involved in
CARE leadership? _____ Is your spouse a believer? _____
5. If married, is your spouse a confirmed member of CRC? _____
6. Have you been baptized in the Holy Spirit? _____ When? _____

Personal Information

1. List your greatest strengths (both spiritual and natural): _____

2. Identify any areas of weakness in your life (character or skills): _____

3. Identify your greatest concern about leading a CARE group: _____

CARE Leader Covenant Agreement

I, _____, before my Lord Jesus Christ, commit myself to serve Him and His church here at Calvary Revival Church as a leader in the CARE ministry. In doing so, I commit myself to:

- Pray regularly—including prayers for the members of our CARE group
- Live by the principles of God's Word
- Allow the Holy Spirit to control my life
- Be faithful to this church and its leadership
- Never contribute to disunity or divisiveness
- Actively pursue a contagious evangelistic lifestyle

Signed _____ Date: _____

APPROVAL PROCESS
(APPLICANT DOES NOT FILL OUT THESE)

CARE Leader's Recommendation

Name: _____ Date: _____

CARE District Leader's Recommendation

Name: _____ Date: _____

CARE Area Leader's Recommendation

Name: _____ Date: _____

Pastor's Recommendation

YES

NO

Note: _____

Date: _____

Name: _____

Action Plan

1. _____ Date Completed: _____
2. _____ Date Completed: _____
3. _____ Date Completed: _____