

Calvary Chapel Bible College Dorm Steward Application

Personal Information

Name:			Age:		
Email:					
Upcoming semester: 2	nd 3 rd 4 th Other:	(circle one)	Do you intend to complete the full 2 year program?	□ Yes	□ No
How long have you be	en an active, committed Christi	ian?			=
Contact Information	ON-PLEASE PRINT CLEARLY				
Street Address:					_
City:		State:	Zip:		
Home Phone:		Mobile: _			
Academic Informa	ation (this section is to be comp	oleted by the	Registrar's Office)		
Excused Absences:	Tardies:		Unexcused Absences:		
Cum. GPA:	_ or 1st semester progress: □	Above aver	age (mostly "A"s) 🗖 Average (3 "A"s or less) 🗖 Failing 1 o	or more	e classe
Evaluator:			Signature:		_
Questions					
1. What do you see t	he role of a Dorm Steward as?				
					_
					_
					_
2. Why do you feel c	alled to this position?				
					_
					_
					_
3. What gifts or minist	ries do you feel God has given	you that wou	ıld help you as a dorm steward?		
					_
					_
A Do you have any	orobloms or concerns that migh	at hinder vour	offoctivonoss in this ministry?		_
4. Do you have any p	oroblems or concerns that migh	ii fiirider your	enectiveness in this millistry		
					_
					_
OFFICE USE ONLY	Notes:				
Contact date:	_//				
Retreat Confirmation:					