

Adventure Christian Church
ERT Questionnaire

Name:

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation:

1. Do you have any Law Enforcement experience? Yes No
2. If yes, how long and what assignments?
3. If no, what type of experience can you relate to the duties of the ERT?
4. Are you a Christian believer? Yes No
5. Are you a member of Adventure Christian Church? Yes No
6. How long have you been attending Adventure Christian Church?
7. How many services per month do you think you can serve in the ERT ministry?
8. If you are not currently in law enforcement, would you be willing to have a LiveScan of your fingerprints? Yes No
9. Additional Information: