



Worship Team Connection Form

Member Contact Information

First Name:

Last Name:

Address:

Zip Code:

Phone:

Email:

Occupation:

Birthday:

Marital Status:

Single

Not married and living with partner

Married

Further Information

How long have you been attending this church?

Are you a member of the church?

Are you involved in any other ministries? If so, which one?

Have you been baptized in water?

Briefly share your personal testimony.

Please select the area of worship ministry you are interested in.

Band

Media (photography, socials,)

Singer

Sound

If applicable, select the instrument in which you are auditioning for.

Electric Guitar

Piano

Bass

Acoustic Guitar

Drums

Other

How long have you been singing/playing?

***Gather
Together***