

# WORSHIP TECHNICAL TEAM APPLICATION

The Chapel  
4444 Galloway Road  
Sandusky, OH 44870  
419-627-0208

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## Personal Information

Name (Last, First, Middle):

Date:

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Cell phone / Pager:

e-mail:

Birthday:

Spouse's Name:

Anniversary:

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## Ministry Interest (circle all that apply)

**Worship Team Member:** Yes / No

**Special Music:** Yes / No

**Preludes:** Yes / No

**Vocalist** Part:

Read Music: Yes / No

Harmonize: Yes / No

**Choir** Part:

Read Music: Yes / No

**Vocal Ensemble** Part:

Read Music: Yes / No

**Instrumentalist** Instrument(s):

Read Music: Yes / No

Read Charts: Yes / No

**Audio/Visual:** Soundboard Tech

PowerPoint Tech

Photography/Videography

**Writing:** Dramas

Music / Lyrics

Other:

**Creative Arts:** Dance Drama

Costumes Drama Sets

Banners

**Other:**

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**Why do you want to get involved in the ministries circled above?**

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**What is your definition / concept of "Worship?"**

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### Spiritual Growth and Accountability

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1. Have you accepted Jesus as your personal Savior? Yes / No / Unsure

If Yes, please give the approximate year or your age at conversion.

2. What are you doing now to encourage your spiritual growth (Bible studies, Small groups, etc.)?

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### Church Attendance & Participation

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1. Are you a member of the Chapel? Yes / No

2. Are you a regular attender of The Chapel? Yes / No If Yes, how long?

3. Have you attended any of The Chapel Foundation classes? Yes / No

If Yes, which classes/when:

4. Have you been through "Your Place" Ministries? Yes / No

5. Are you involved in other church ministries? Yes / No

If Yes: Ministries:

Duties:

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### Please Read and Sign

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I, the undersigned, give my authorization to THE CHAPEL or its representatives to verify the information on this form. THE CHAPEL may contact any references as deemed necessary in order to verify my suitability as a member of the Creative Communication / Worship Team.

**Signature:**

**Date:**