



Worship Team Application

PLEASE PRINT - use additional pages if necessary.
Return by fax 214.570.0544.

Mission Statement: *Providing a place for adults throughout the Metroplex to begin their weekend, engage in meaningful worship, experience God's grace, enjoy new friendships.*

Name _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____

Work # _____ Other # _____ birthday: ___/___/___

Email address _____

1. Past Worship Team experience (not required):
2. Past music experience (i.e., High School or College):
3. What part(s) do you sing: **S A T B** (please circle)
4. What instrument (s) do you play: (do you own)
5. Are you comfortable soloing?
6. Current church membership & how long:
7. Are you in leadership?
8. Are you involved in a Sunday School class or Small Group?
9. Tell us about your Faith:
10. What are your best days/times for a weekly rehearsal (please prioritize):
11. References: (please let name & phone numbers)