Worship Ministry Audition Form

Date: _____

Name: _____

Address: _____

Work Phone: ___-___-____ Home Phone: ___-___-____ Cell Phone:___-___-____

E-mail Address:_____

Position you are auditioning for (i.e. worship team, audio/visual team, video/multimedia team, or drama):_____

Please attach a picture of yourself with this information form.

Give brief answers to the following questions *(Answer all that apply)***:**

1. Share your salvation experience and walk with God.

2. How long have you been attending the Rock?

3. What ministries are you currently involved in at the Rock?

4. What musical instruments do you play, with what proficiency, and for how long? *(Answer only if it applies)*

5. What part do you sing, with what proficiency, and for how long? *(Answer only if it applies)*

6. Why do you desire to be a part of the Worship Ministry at the Rock?

7. Has your experience in the past been solo work, duet, ensemble, choir, etc.?

8. Have you had any experience in drama?

9. Briefly describe what worship is to you.

10. List three of your favorite ways for spending free time:

    a. _____

    b. _____

    c. _____

11. Anything else you would like us to know about yourself and/or your musical background.