

First Colony Instrumental/Vocalist Worship Ministry Application

(Please fill this form out and email it along with your video.)

Basic Info

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Birthday: _____

Spiritual Assessment (feel free to write on the back if need be)

When did you become a Christian?

Describe your relationship with Christ and some of your spiritual experiences.

In your own words, define what worship is to you.

How long have you been a member of First Colony Church of Christ?

Are you currently involved in any other ministries at First Colony? If so, which ones?

Why do you desire to serve in worship ministry?

MUSICAL ASSESSMENT VOCALIST BASICS

(Please skip this section if you are auditioning with an instrument only)

Can you harmonize? ☐ Yes ☐ No ☐ Somewhat ☐ Lead part only

Can you sing on pitch?

How well do you read music? ☐ Very Well ☐ Pretty well ☐ A little ☐ By ear only

Do you have experience singing with a click track (metronome)?

Please indicate your musical experience below by checking all that apply: ☐ Soloist

☐ College Musicals ☐ College Choir ☐ High School Musicals ☐ High School Choir

☐ Ensembles ☐ Worship band ☐ Other *(If other, please list musical experience)* :

Will your schedule (in and out of church) allow you to attend Wednesday night rehearsals on a regular basis? Yes / No If "No", please explain.

MUSICAL ASSESSMENT INSTRUMENTAL BASICS

(Please skip this section if you are auditioning as a vocalist only)

How well do you read music? ☐ Very Well ☐ Pretty well ☐ A little ☐ By ear only

Are you familiar with reading chord charts? Yes / No

As an instrumentalist, can you comfortably play in both 4/4 and 6/8 time signatures? Yes / No

Do you have experience playing with a click track (metronome)?

As a guitarist, what's your skill level (check all that apply):

☐ chords ☐ fingerpicking ☐ rhythm ☐ electric guitar solos

Please indicate your musical experience below by checking all that apply. ☐ College Musicals ☐ High School Musicals ☐ Ensembles ☐ Worship band ☐ High school band ☐ Other *(If other, please list musical experience)* :

Will your schedule (in and out of church) allow you to attend Wednesday night rehearsals on a regular basis? Yes / No If "No", please explain.

Parental/Guardian Permission Slip for Students

(Please bring this to your audition signed)

Name of Student: _____

I have read through the Audition Material and the Worship Ministry Handbook. I understand the expectations of my son/daughter and I give them permission to audition to be a part of the Worship Team at First Colony.

By completing this Form, you also grant First Colony Church of Christ permission to use their likeness in photograph(s)/video in any and all church publications, marketing materials, livestream, websites, and all other related media, whether now known or hereafter existing, controlled by First Colony Church of Christ and will make no monetary or other claim against First Colony Church of Christ for the use of any and all photograph(s)/videos of them or their family.

Print Name: _____

Signed: _____

Parent/Guardian phone number: _____

Date: _____