



MEDIA APPLICATION

Audio & Visual

APPLICANT INFORMATION			
Last Name:	First:	M.I.	DOB:
Address:			
City:	State:	ZIP:	
Phone:	E-mail Address:		
Facebook:	Twitter:		
Position(s) Appling for: AUDIO <input type="checkbox"/> VISUAL <input type="checkbox"/>			

TRAINING			
Check the box that best represents your experience:			
Analog sound boards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Analog light boards
Digital sound boards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Digital light boards
Audio processing gear	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CPU based lighting
Recording software	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Macintosh computers
Mixing music	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pro Presenter Software
Have you had any experience with church media? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Where	When		What
List other relevant training you may have receive:			

SPIRITUAL HISTORY	
Are you a Christian? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, how long?