



## MUSIC APPLICATION

Instrumentalist & Vocalist

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

INSTRUMENTALIST			
What instrument(s) do you play?			
Do you read sheet music?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you play by numbers?
Do you read chord charts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can you play to a click?
Do you play by ear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you own an instrument?
What style of music do you prefer to play?    Rock <input type="checkbox"/> Country <input type="checkbox"/> Jazz/Blues <input type="checkbox"/> Folk <input type="checkbox"/>			
Have you had any experience playing church music?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

VOCALIST			
What part(s) do you sing?			
Do you read sheet music?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a soloist?
Do you sing by ear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you received training?
What style of music do you prefer to sing?    Rock <input type="checkbox"/> Country <input type="checkbox"/> Jazz/Blues <input type="checkbox"/> Folk <input type="checkbox"/>			
Have you had any experience singing church music?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

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