

New Life Covenant Worship Team Application for Membership

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip Code

Daytime Phone _____ Evening Phone _____

The best time to reach you is: Day Evening Other _____ Date of Birth: ___ / ___ / ___

E-mail _____ Place of Employment _____

Length of term there _____ Are you a member of NLCC? Yes No

Have you experienced God's salvation in your life? Yes No

If yes, please give a BRIEF summary of your salvation experience.

Why do you want to become a member of the NLCC Worship Team?

What do you believe you will personally bring to the Worship Team as a member?

Have you ever been on a worship team before at another church? Yes No

If yes, please tell where and describe your experiences.

What do you believe are the purpose and goal of any worship team?

Describe 3 of your *strengths* (e.g., honest, punctual, good attitude, etc.).

Describe 3 of your *weaknesses* (e.g., non-confrontational, too confrontational, not timely, etc.).

Availability: What conflicts do you have that could hinder your weekly participation in night rehearsals and Sunday morning services?

Vocalists:

What part do you sing? Bass Baritone Tenor Contralto Countertenor Soprano

How well can you hear harmonies (10 = best)? Please circle. 1 2 3 4 5 6 7 8 9 10

Have you written any music? Yes No

What experience do you have singing in front of audiences/congregations?

Instrumentalists:

What instrument(s) do you play?

Can you read chord charts? Yes No

Can you transpose music? Yes No

Have you written any music? Yes No

What experience do you have playing in front of audiences/congregations?

Please return completed applications to the Worship Director.