



Personal Details

Your Name _____ Gender _____

Postal Address: _____ Post Code _____

Home Phone: _____ Mobile: _____

Email(s): _____

Birthday (optional): Day _____ Month _____

Gifts, abilities, skills and experience

Musical (please tick all appropriate boxes)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> - Vocal | <input type="checkbox"/> - Worship leading | |
| <input type="checkbox"/> - Acoustic Guitar | <input type="checkbox"/> - Electric Guitar | <input type="checkbox"/> - Bass |
| <input type="checkbox"/> - Piano | <input type="checkbox"/> - Keyboard | <input type="checkbox"/> - Drums |
| <input type="checkbox"/> - Percussion | <input type="checkbox"/> - Other(s) (ie violin, flute, triangle) _____ | |
- other continued _____

Production (please tick all appropriate boxes)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> - P.A./Sound | <input type="checkbox"/> - Computer | <input type="checkbox"/> - Projector operations |
| <input type="checkbox"/> - Recording | <input type="checkbox"/> - Lighting | <input type="checkbox"/> - Multimedia |
| <input type="checkbox"/> - other _____ | | |

Other areas (please tick all appropriate boxes)

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> -Dance | <input type="checkbox"/> - Drama | <input type="checkbox"/> - Administration |
| <input type="checkbox"/> - Sermon recording production | | |
| <input type="checkbox"/> - Formal training _____ | | |
| <input type="checkbox"/> - Other _____ | | |

Interests

Are you interested in participating in any of the above listed areas, but may not necessarily have experience, be skilled or trained? Explain. _____

Other information

Is there any other information that you feel is important regarding your participation in this team? _____

PLEASE RETURN THIS FORM TO THE WORSHIP TEAM LEADER