

# WATER OF LIFE COMMUNITY CHURCH MUSIC MINISTRY

## Musician/Vocalist Application

This application is designed to provide information that will assist us in placing you in the right position within the music ministry. While we are not looking for professionals, there are minimum musicianship standards that are required. Moreover, we are seeking individuals that have a strong commitment to worship, ministry and a growing faith in Jesus Christ.

Becoming a music ministry team member is a commitment to God; therefore, please seriously pray about the responsibility associated with ministry.

### PLEASE CLEARLY TYPE OR PRINT ALL INFORMATION

#### *PERSONAL DATA*

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ May we call work? Y/N

Cell (\_\_\_\_) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ How Long? \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Names of Children Living With You (last name is surname is different)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MUSIC MINISTRY DATA**

1. What prompted you to participate in our music ministry?  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have music ministry experience? Y/N If yes, where? What instrument(s) do you play (voice is an instrument)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have any other music experience? Y/N If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you read music?  
\_\_\_\_\_
5. Have you formerly studied music? Y/N If yes, what instrument(s) have you studied and how many years have you studied.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have any degrees in music? Y/N If yes, please indicate the degree and the concentration. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL, SPIRITUAL, AND MINISTRY BACKGROUND**

1. Are you born again? Y/N If yes, when? \_\_\_\_\_ (Date/age)
2. Do you attend services at Water of Life? Y/N Attending since \_\_\_\_\_ (M/Y)
3. Are you involved in a House Church at Water of Live? (Y/N)  
Leader's Name \_\_\_\_\_
4. Have you attended any Water of Life Classes? If so, list them below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List all other churches you have been involved with during the last five years.  
Please include the name of the church and the city in which the church is located.

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6. Do you disagree with any of the teachings, doctrines, principles, or philosophies  
of Water of Life Church? Y/N If yes, please explain:

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7. Have you discussed your ministry plans with your family? Y/N

8. Briefly answer the following questions. This is not a test of your bible knowledge  
nor will your answers qualify or disqualify you from ministry. However, we  
would like to know your position on these key doctrinal issues.

a. Do you believe the scriptures are the inspired word of God? Y/N If no, please explain.

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b. What is your understanding of the trinity?

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c. How do you know that you are saved?

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d. Why should a person be baptized?

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e. Why is the resurrection of Christ important?

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f. Do you believe in the Second Coming of Christ?

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g. What is the relationship between a spirit-filled believer and the Holy Spirit?

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