

Worship Team Profile

Personal Information:

Name _____			
Last	First	M.I.	Preferred Name
Address _____			
Street	City	State	Zip
Phone _____			
Home	E-mail	Pager/Cell	Birth date
Family Info (Spouse, kids, etc.) _____			

Department I am applying for (check all that apply):

- Adult Music Ministries (Weekend Services)
- Wednesday Night Services (School of Life____ Women's Connection____)
- Tuesday Morning Women's Connection Next Gen Worship

How long have you been regularly attending Canby Foursquare?

- Less than 6 months 6-12 months A year or more

Are you involved in other small groups or ministries at Canby Foursquare?

- Yes No Explain _____
- _____

Have you ever been involved in music ministry?

- Yes No

If "Yes", where? _____

Church/Organization

Contact Information: _____

Previous Pastor/Leader

Church/Organization Phone #

How much time have you devoted specifically to music ministry? _____

Years/Months

Experience:

Describe below any experience you've had musically...anywhere.

How would you like to contribute to Canby Foursquare?

As a singer (circle one: Soprano Alto Tenor Bass)

As a musician (please list all instruments you are proficient in)

- 1. _____
- 2. _____
- 3. _____

Skill Level: Please check appropriate boxes:

I sing only melody.

I can sing a part if it's taught to me.

I can hear a piece of music and pick out my part.

I can read the music to a part and learn it myself.

I can create my own harmonies.

The quality of my "ear" is:

Poor (I couldn't carry a tune if it had a handle on it.)

Fair (I can stay on key if I follow a strong singer.)

Good (I can stay on my part alone.)

Excellent (I can sing any specific interval.)

Please check appropriate boxes:

I need sheet music to play.

I can play off a lead sheet.

I can play by ear.

I hear it once and I've got it.

I can sight read a piece of music.

I can read a piece of music and figure it out.

I can listen to a piece and figure it out.

Motivation:

Describe your reasons for wanting to be a part of the Canby Foursquare Worship Team.

Devotional Background:

Briefly describe your devotional background (*How long have you known Jesus? Where have you gone to church before coming here? etc.*)

Are you familiar with the tenets of the Foursquare Church? Yes No
If no, would you like to meet with a pastor to discuss this? Yes No
We strongly encourage becoming a member of Canby Foursquare Church.

Commitment:

I am willing to commit one year to the Music Department. Yes No

If no, please explain _____

I would like to serve _____ times per month.

References:

List below three people (unrelated) who attend Canby Foursquare, as references.

Name _____ Phone _____ Your relationship to them _____ Years you've known them _____ Name _____ Phone _____ Your relationship to them _____ Years you've known them _____ Name _____ Phone _____ Your relationship to them _____ Years you've known them _____
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I hereby state that the information given in this application is true to the best of my knowledge.

Signature_____

Thank you for your interest. Please mail this back to Canby Foursquare Church at:

Canby Foursquare Church
Attn: Canby 4 Worship Team
2350 SE Territorial Rd
Canby, OR 97013

Or simply drop it off at the front office, or turn it into the information booth on a weekend service with "Attention Canby 4 Worship Team" written on it. We will contact you shortly to schedule a time to meet. If you have any questions please call the office at 503-266-4444. God Bless You!