

AZHOP WORSHIP APPLICATION

Name:)ate:	_//		Affix
Phone number: ()	Email:				Photo Here
Address:					
Street	City		Zip Code		
Date of Birth:/					
Which position(s) are you auditioning for?	Check all that	apply		-	
☐ Worship Leader ☐ Vocals ☐ Mu	sician (List inst	rument)			
	3			FOF	R STAFF USE ONLY:
Are you interested in being trained as a Pr			NO		
Are you a Christian? YES NO	•				
If yes, when did you accept Christ?					
Have you been baptized in the Spirit? YE					
If yes, when?					
Describe your relationship with God: (Use					
,			, ,		
What church do you currently attend?					
For how long?	_				
How often? \square Weekly \square 2-3 times	/month \square m	onthly	other		
Senior Pastor's name:					
Please provide the name and contact information for reference for you. Pastoral references are preferable		serve as a	personal		
Name:					
Phone number: ()	Email:				
Are you actively serving/volunteering in m		NO			
Please describe your involvement:	iiiiisti y: TL3	NO			
rtease describe your involvement.					
				,	
Do you have previous experience in worsh		r on your	church		SA HOUSE OF PRAYER
worship team? If so, for how long and in w	hat capacity?				N. Azusa Avenue Box 905
				Azus	a, California 91702-0905
				info@	@azhop.org

A	VEC NO			
Are you qualified as a vocal or music insti				
Do you have any interest in using your exp	perience to train others at AZHOP and	FOR STAFF USE ONLY:		
if so, in what capacity?				
ii so, iii what capacity.				
Diagonal describes a construction of a second	the the Harris of Dunium and 12			
Please describe your familiarity, if any, w				
Why do you want to lead/be involved in v				
If approved for AZHOP worship, there wil	l be a trial participation period for			
both scheduling consideration and ability				
AZHOP reserves the right to make execut				
leadership determines that there needs to				
in the worship leadership role of any wors				
in the worship teadership role of any wors	silp teader at AZHOF.			
I certify that the responses given on this application are true and accurate.				
i certify that the responses given on this	s application are true and accurate.			
Drint Nama	Cignatura			
Print Name	Signature			
Date				
Date				
Additional Comments:				
		1		

