Worship Arts Application



Date	CHURCH	
Name		
Address		
Phone	Alt. phone	
E-mail		
I would like to audi	lition for:	
□ Worship Ba	Band – Which instrument(s)	
□ Vocal – Wh	hich part(s)	
□ Tech – Whi	hich equipment?	
If selected to partici	cipate, are you able and willing to attend rehearsals? ☐ Yes ☐ No	0
Have you reviewed Have you placed yo Have you been bapt How long have you Are you a member of If not, do you plan t I you answe Have you complete Do you regularly at Other areas of minis What training and/o	e answer is no, please explain: d Bethany Community Church's Worship Philosophy? Yes Notized after placing your trust in Jesus? Yes Notized after placing your trust in Jesus? Yes Notized after placing Bethany Community Church? Yes Notice become a member of Bethany Community Church? Yes Notice of Bethany Community Church? Yes Notice of Bethany Community Church? Yes Notice of Bethany 101? Yes Notice of B	n the back of this page.
Why are you audition	ioning for the Worship Arts Ministry?	

If you have placed your trust in Jesus Christ alone for your eternal life, please share with us your story.		
What does your personal relationship with Christ mean to you?		
Please list three personal references with phone numbers. (We prefer that your references by Bethany members.)		
1.		
2.		
3.		
Thank you for taking the time to complete this application. We will be contacting you soon! Please return to: Mike Chambers, c/o BCC 27265 Dutch Lane, Washington, IL 61571 or turn in at the Welcome Center on Sunday.		