

Band Audition Form

Name: _____ Birth Date: __/__/____

Address: _____ Apt#: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Gender: _____

Marital Status: Single__ Married__ Divorced__ Separated__

Spouse: _____ Years Married: ____

Children:

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Employed:

Full Time__ Part Time__

Position: _____

Employer Name: _____

Student:

Full Time__ Part Time__ Year: _____

School: _____

How long have you been attending Brook Hills? _____

Are you a member of Brook Hills? _____

What other ministries are you currently/have you been involved in

... at Brook Hills?

... at previous churches? _____

Have you read/signed the 'Deacon Covenant' included in this packet?
Please circle one: Yes or No

Do you have any questions about anything as outlined in 'Deacon Covenant'?
If so, please list those here.

Give a description of your conversion experience and your current relationship with Christ.
Please use the back if needed.

Why would you like to be involved in the Worship Ministry?

What instrument do you play? (check all that apply)

Drums _____ Bass _____ Piano _____ Keyboards _____ Acoustic Guitar _____

Rhythm Electric Guitar _____ Lead Electric Guitar _____ Other _____

Do you read music? _____ Do you play by ear? _____

What musical training or experience have you had?
