

Praise Team Information Sheet

Name: _____ Birth Date: ___/___/___

Address: _____ Apt#: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Work 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 vocal part do you sing?

Soprano ___ Alto ___ Tenor ___

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

What musical training or experience have you had?

