

Come Alive Church
Musical Worship Information Sheet

Questions contact: Nate and/or Becky McGlinchy
Phone: 609.654.8466 Email: worship@comealivechurch.com

Personal:

Name: _____

Address: _____

Phone: _____

Cell: _____

E-mail Address: _____

Age: _____ Gender (M or F): _____

Marital Status (circle applicable): Single Married w/children

Occupation: _____

Time commitment available: _____
(e.g. if you are only able to be involved once a month)

Church Involvement:

Do you consider Come Alive your church home? _____

Are you involved in other ministries at Come Alive? (circle applicable): Yes No

If so, list other ministries involved in: _____

Other churches currently attending: _____

Age of serious commitment to God: _____

Musical Background:

Interested in contributing to (circle all that apply):

- 1.Sound/Tech 2.Instrumental 3.Vocal 4.Leading

Instrument(s) or vocal (range): 1. _____

2. _____

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3. _____

Years of experience: _____

Years of Training or Schooling: _____

Description of Training: _____

General:

Favorite band(s) or group: _____

Favorite musical style(s): _____

Favorite worship song(s): _____

Why do you want to be part of the musical worship at Come Alive?

What is your definition of worship?

Describe your Salvation Experience:

Thank you and please feel free to contact us at the info above.