

*Music
Ministry*



1224 N. Main St., Riverside, CA 92508
tel: (951) 683-6081 / fax: (951) 683-6231
www.lifespringonline.com
www.lifespringmusic.webs.com
henninger99@gmail.com

SPECIAL MUSIC MINISTRY APPLICATION

CONTACT INFORMATION

(please print legibly)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

PERSONAL INFORMATION

Briefly describe yourself: _____

What are your hobbies/interests? _____

When and how did you come to know Jesus as your Savior? _____

How long have you been attending *LifeSpring!* Assembly of God? _____

(continued on opposite side)

MUSIC INFORMATION

Music Experience: High School # of years: _____
 College # of years: _____
 Church(es) # of years: _____

(please provide church names and years attended)

<u>Church Name</u>	<u>City & State</u>	<u>Years Attended</u>
_____	_____	_____ thru _____
_____	_____	_____ thru _____
_____	_____	_____ thru _____
_____	_____	_____ thru _____

Do you have an experience in singing solos or in an ensemble? YES NO

If yes, please explain: _____

VOCAL ASSESSMENT (1 = Superior 2 = Excellent 3 = Good 4 = Fair 5 = Poor)
(to be completed by Music Coordinator)

Vocal Preparation	1	2	3	4	5	_____
Tone Quality	1	2	3	4	5	_____
Breathing	1	2	3	4	5	_____
Diction	1	2	3	4	5	_____
Vocal Expression	1	2	3	4	5	_____
Memorization	1	2	3	4	5	_____
Overall Performance	1	2	3	4	5	_____

Additional Comments: _____

music coordinator's initials: _____