

# CHURCH ON FIRE MINISTRIES

## WORSHIP AND TECHNICAL ARTS APPLICATION

10544 Harrison Ave. Harrison, OH 45030    Phone: (513) 367-7772    Fax: (513) 367-7814

### INSTRUCTIONS

1. Please complete application in its entirety.
2. If an area does not apply, write NA (non-applicable).
3. Mail completed application to the **Church on Fire Ministries** offices.
4. Once we receive your completed application, an interview/hearing will be scheduled.
5. All information provided will be kept strictly confidential!

Attach a recent  
photo if available.

## 1. GENERAL INFORMATION

FULL NAME (last) (first) (middle)				SPOUSE'S NAME	
STREET ADDRESS			PHONE NUMBER ( )		WORK NUMBER ( )
CITY	STATE	ZIP CODE	E-MAIL ADDRESS		MOBILE/PAGER ( )
<input type="checkbox"/> MALE	DATE OF BIRTH	CITIZENSHIP <input type="checkbox"/> U.S. OTHER _____		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY:					
Name:		Relationship:		Phone: ( )	
HOW MANY CHILDREN DO YOU HAVE? _____					
<b>PLEASE LIST NAMES AND AGES BELOW</b>					
NAME:				AGE:	

## 2. EDUCATION INFORMATION

EDUCATION LEVEL (Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational Training 1 2

College 1 2 3 4 Associates Bachelors Masters Doctorate Specialist Other

Name of degree \_\_\_\_\_

## 3. OCCUPATIONAL EXPERIENCE

EMPLOYER NAME:

DUTIES PERFORMED

## 4. WORSHIP AND CREATIVE ARTS EXPERIENCE

A. PLEASE LIST YOUR WORSHIP ARTS MINISTRY EXPERIENCE, STARTING WITH THE MOST RECENT

MINISTRY/CHURCH NAME, ADDRESS	PHONE NUMBER	FROM/TO DATES	DUTIES PERFORMED

B. PLEASE LIST YEARS OF TRAINING IN THE FOLLOWING AREAS:

\_\_\_ Worship Leader                      \_\_\_ Instrumental  
 \_\_\_ Drama                                      \_\_\_ Vocal  
 \_\_\_ Soloist                                      \_\_\_ Dance  
 \_\_\_ Technical/Audio Visual  
 \_\_\_ Other: \_\_\_\_\_

C. PLEASE PROVIDE THE FOLLOWING INFORMATION:

What instrument(s) do you play? Guitar Bass Piano  
 Drums Aux. Percussion Saxophone  
 Organ (Hammond B3) Other \_\_\_\_\_  
 What Vocal Part (Circle) S A T B  
 Can you sing harmony parts? YES NO  
 Can you sight read vocal/instrumental parts? YES NO

## 5. PERSONAL HISTORY

It is God's desire and the desire of Church On Fire Ministries pastors to see our worship and creative arts team members living a victorious Christian life, free from bondages. If there are any addictions or issues with which you struggle, please let us know – we are here to help you, not to judge you.

The following issues should be dealt with before any public ministry position is taken:

- Alcohol / drug abuse
- Sexual immorality
- Proudful attitude or anger / rage problems
- Inability to submit to leadership
- Gossiping / stirring up strife
- An unbiblical lifestyle

\_\_\_\_\_  None Of The Above

ARE YOU TRANSFERRING FROM ANOTHER CHURCH? YES NO

NAME OF CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING FORMER CHURCH:

## 6. SPIRITUAL HISTORY

HOW LONG HAVE YOU BEEN BORN AGAIN?

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF POWER AND SPIRITUAL GIFTS? (Circle)

YES

NO

IF YES  
HOW LONG?

DO YOU RECOGNIZE A DEFINITE CALL OF GOD UPON YOUR LIFE FOR MINISTRY? (Circle)

YES

NO

BRIEFLY SHARE YOUR CONVERSION EXPERIENCE:

## 7. SPECIAL NEEDS AND SERVICES

TO BETTER SERVE YOU, PLEASE LIST ANY HEALTH CONCERNS THAT REQUIRE OUR SPECIAL ATTENTION:

## 8. STATEMENT OF TRUTH AND SIGNATURE OF WAIVER

1. I hereby state that the information contained on this membership profile is true.
2. I understand that completion of this profile in no way guarantees or implies eligibility for membership.
3. I understand that neither ethnic background, color, national origin nor gender are considerations for non-eligibility.
4. I understand that all information contained herein becomes the permanent property of CHURCH ON FIRE MINISTRIES and is strictly confidential.
5. I understand that any area of sin in my life, (spiritually, emotionally, morally, sexually, financially, etc.), that negatively effects the Body of Christ and is a hindrance to the Worship and Creative Arts Ministry will be dealt with individually and confidentially on a pastoral level. I also understand that this could determine my participation in this area of ministry.
6. I understand that if I am granted the privilege of eligibility for membership, I will abide by all of the said guidelines.
7. If granted eligibility for membership, I agree to complete the orientation process.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

INTERVIEW & HEARING: \_\_\_\_\_  
(DATE)

LETTER OF ACCEPTANCE: \_\_\_\_\_  
(DATE)

VOCAL: YES NO VOICE PART: S A T

BAND: YES NO INSTRUMENT: \_\_\_\_\_

APPLICATION ACCEPTED: \_\_\_\_\_  
(DATE)

DENIED: \_\_\_\_\_  
(DATE)

REASON: