



Worship Application

Affix

Photo

Here

Name: _____ Date: ____/____/____

Phone number: (____) _____

Address: _____
Street City Zip Code

Date of Birth: _____ Email: _____

Which position(s) are you auditioning for? Circle all that apply

Worship Leader Vocals Musician (List instrument) _____

Are you interested in being trained as a Prayer Leader? YES NO

Are you a Christian? YES NO

If yes, when did you accept Christ? _____

Have you been baptized in the Spirit? YES NO

If yes, when? _____

Describe your relationship with God: (Use extra paper if necessary)

What church do you currently attend? _____

For how long? _____

How often? Weekly 2-3 times/month monthly other _____

Senior Pastor's name: _____

Please provide the name and contact information for someone who can serve as a personal reference for you. Pastoral references are preferable.

Name: _____ Phone number: _____

E-mail: _____

Are you actively serving/volunteering in ministry? YES NO

Please describe your involvement:

Do you have previous experience in worship leadership or on your church worship team? If so, for how long and in what capacity?

Are you qualified as a vocal or music instructor?

Do you have any interest in using your experience to train others at PIHOP and if so, in what capacity?

Please describe your familiarity, if any, with the House of Prayer model?

Why do you want to lead/be involved in worship at PIHOP?

I certify that the responses given on this application are accurate and true.

If you are approved by PIHOP worship, there will be a trial period for a person’s participation in PIHOP worship, both as a scheduling consideration and an ability consideration.

PIHOP reserves the right to make executive changes if for any reason the leadership determines that there needs to be a change in schedule, or a change in the worship leadership role of any worship leader at PIHOP.

_____	_____
Print Name	Signature

	Date

----- **Office Use Only** -----

<input type="checkbox"/> Approved: _____	<input type="checkbox"/> Not Approved: _____
(Date)	(Date)
<input type="checkbox"/> Intakes: _____	<input type="checkbox"/> Signed Accountability Form: _____
(Initial, Date)	(Date)
<input type="checkbox"/> Intro. To PIHOP Worship: _____	<input type="checkbox"/> Intro. To The Well: _____
(Date)	(Date)

Notes: