Date	
Date.	

## CELEBRATE RECOVERY MUSIC MINISTRY AUDITION

Ministry Commitment Profile

		For Office Use Only					
Name:							
Address:	- Vocal Part	Sop	Alto	Ten	Bari	Bass	
City, State:	Comments:						
Zip:							
Marital Status:	Spouse Name:						
Home Phone:	Pager:						
Work Phone:	Fax:						
Cell Phone:	Email:						
Birthday (Month/Day/Year):(Year will be confidential)	Vocal Part: Sop						
(Year will be confidential)	Instrument:						
When did over first eccent large on Land of some life?							
When did you first accept Jesus as Lord of your life?							
Brief testimony:							
Which church do you attend?	How long?						
Are you presently involved in other church ministries?	What kind?						
How long have you been involved with Celebrate Recovery?_							
Have you completed or started a Step Study?	If not completed, whi	ich step	are you	on?			
Sponsor's name?	Their telephone number?						
Do you have one year of verifiable sobriety?	If not, how many months?						
The official Celebrate Recovery guideline for sobriety is o Serving on the worship team is a public ministry position o	•					' •	
Why do you want to be involved in the Celebrate Recovery m	usic ministry?						
List previous experience in music ministries:							
Are you currently playing in a secular setting? If so							
Have you been through your church's membership class and/o							
maye you been unough your church's membership class and/	n readership training?						