

RESONATE 2010 SCHOOL OF WORSHIP APPLICATION

Please type or print:

Name: _____
Last First Middle

Address: _____
Street City Prov./State

Country Postal Code

Email Address: _____

PERSONAL:

Sex: Male Female

Marital Status: Single Married

Birth Date: _____ Age: _____

Birth Place: _____

Social Security Number: _____

SPIRITUAL:

1. When did you accept Christ as your personal Savior? Please describe your spiritual journey.

2. **Have you ever been water baptized?** Yes No Age: _____

3. **Have you had an Acts 2:4 experience?** Yes No

4. **Have you been or are you being disciplined?** Yes No

How and by whom? _____

5. **Do you attend a church regularly?** Yes No

Are you a member? Yes No

6. **How long have you been attending regularly there?** _____

7. **Are you currently serving in a ministry in your local church? Describe:**

Home Church/Denomination/Spiritual Family (e.g. Salt & Light):

Pastor's Name: _____

Church Address: _____

Street

City

Prov./State

Postal Code



EDUCATION:

High School: _____

Graduated: Yes No

College/University: _____

Graduated: _____ Yes _____ No

EMPLOYMENT:

Occupation: _____

Present Employer: _____

Address: _____

Phone: () _____ Your employer may be contacted.

WORSHIP EXPERIENCE:

Music Background

Are you presently involved in worship ministry? _____

For how long? _____

Please list the instruments that you play. Rate yourself on your skill level from 1 - 10, 1 being 'beginner' to 10 being "very proficient"

_____	_____
_____	_____
_____	_____
_____	_____

I am a singer: _____ Yes _____ No If yes, complete the following:

_____ Lead _____ Alto _____ Soprano _____ Tenor

Please describe your training or experience: _____

Have you ever lead worship? _____ Yes _____ No

If yes, complete the following:

Where do you lead worship?

_____ Church _____ Home Group _____ Youth _____ Other

Please describe your training or experience: _____

What other related ministry gifts do you have? _____

Are you a songwriter? _____

Please describe your experience: _____

EXPECTATIONS:

What are your hopes and expectations in attending this school? _____

How did you hear about Resonate? _____

Do you have and special needs, food allergies or medical conditions? _____

Are you willing to comply with all expectations set out by the School of

Worship in a humble and teachable attitude? ___ Yes ___ No

FINANCES:

\$550.00 CAD is due by the first day of classes. We do accept money orders in CAD funds prior to the beginning of the school.

We require a **\$20.00 CAD application fee** to be included with this application.

Please return application and fee to:

Resonate 2010 School or Worship
Attn: Elyse MacLean
696 Mowat Road
East St. Paul, Manitoba
R2E 1B7
Canada

Applicant's Signature

Date

PASTOR'S RECOMMENDATION

RESONATE 2010 SCHOOL OF WORSHIP

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him to the School of Worship. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

Phone → Day () _____

Evening () _____

Applicant's Name: _____

Address: _____

City: _____ **Prov./State:** _____ **Postal Code:** _____

Country: _____

Country of Citizenship: _____

TO THE PASTOR: The above named is applying for admission to Resonate 2010 School or Worship. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

How long have you known the applicant and in what capacity? _____

How well do you know him/her? (Please check one)

Very well, pastoral relationship _____

Fairly well, numerous personal contacts _____

Casually, few personal contacts _____

By name/sight _____

To your knowledge, has the applicant made a personal commitment to Jesus

Christ? ___ Yes ___ No ___ Unsure

To what extent is the applicant engaged in the activities of your church? Please check one:

- Enthusiastic, deeply involved _____
- Cooperative, usually willing to help _____
- Seldom participates, although attends regularly _____
- Attends irregularly, shows little interest _____

In what form of Christian service has the applicant participated regularly? _____

What do you consider to be the applicant's strengths? _____

Do you know of any weaknesses of which we should be aware? _____

The applicant's influence on his or her peers is:

_____ Positive _____ Neutral _____ Negative

Please evaluate the applicant in regard to the following categories. Please Circle one:

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Response to Authority	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional Stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Interpersonal Relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Work Habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal Appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

Please add any further comments you may have which would help in our evaluation: _____

Please print or type the information below:

Your Name: _____

Phone: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ **State:** _____

Postal Code: _____

Signature

Date

Please return this to:
Resonate 2010 School of Worship - 696 Mowat Road
East St Paul, MB R2E1B7 Canada
Phone: (204) 669-7333 Email: resonate@mtwest.ca