



Worship Team Application

Name: _____

Address: _____

Phone (Cell/Home): _____

Email: _____

To help us assess your potential contribution to the worship team, please complete the following.

1. *We record all of our worship sets on Thursday afternoon/evening at the milestone building (610 monarch avenue, Ajax) When are you available to record with us? Please select all times that apply*

Thursdays 3:30pm - 6:30pm. Thursdays 6:30pm - 9:30pm

2. *Are you willing to help out with special worship events outside of worship for Sunday mornings? Recording times may change from Thursdays based on availability. (I.e. One fam, special events including worship, etc.)*

3. *What motivates you to want to worship with Milestone?*

4. *What past experiences do you have?*

***References: (two contact names of which one is a part of the ministry staff)**

1. Name _____ Phone _____ Email _____

2. Staff Name _____ Phone _____ Email _____

Note: Please send this application form once completed to markmeisnermusic@gmail.com

Thank you for your interest in joining Milestone's Worship Team.