



# Worship & *creative* Arts Ministry

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## *Vocal Application*

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### Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Birthday(m/d/y) \_\_\_\_\_ Anniversary(m/d/y) \_\_\_\_\_ Spouse: \_\_\_\_\_

Children living at home (First name and ages): \_\_\_\_\_

\_\_\_\_\_

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### Personal Information

Breifly describe yourself:

\_\_\_\_\_

\_\_\_\_\_

What are your hobbies/interests?:

\_\_\_\_\_

\_\_\_\_\_

When and how did you come to know Jesus as Savior?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Music Information

Music Experience:

(List # of years)

High School \_\_\_\_\_

College \_\_\_\_\_

Church \_\_\_\_\_

Other (Please list): \_\_\_\_\_

Rate your ability to read music:

\_\_\_\_ Excellent

\_\_\_\_ Good

\_\_\_\_ Fair

\_\_\_\_ Poor

\_\_\_\_ Not at all

Do you have any experience in singing solos or in an ensemble? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

How long have you been attending Manassas Assembly of God? \_\_\_\_\_

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## Vocal Assessment

*(To be filled out by choral director)*

*1 - Superior 2 - Excellent 3 - Good 4 - Fair 5 - Poor*

Vocal Preparation 1 2 3 4 5 \_\_\_\_\_

Tone Quality 1 2 3 4 5 \_\_\_\_\_

Intonation 1 2 3 4 5 \_\_\_\_\_

Breathing 1 2 3 4 5 \_\_\_\_\_

Diction 1 2 3 4 5 \_\_\_\_\_

Vocal Expression 1 2 3 4 5 \_\_\_\_\_

Memorization 1 2 3 4 5 \_\_\_\_\_

## Vocal Range



Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_