

Mount Zion Baptist Church of Bowman

707 Arista Road

Post Office Box 142

Bowman, S.C. 29018

Telephone: (803) 829-2957

Email: themountbowmansc@gmail.com

Website: www.themountbowman.com

Application for Music Director/Musician

Date: _____

Name: _____
(Last) (First) (M.I.)

Address: _____
(House Number and Street Name)

(City) (State) (Zip)

Telephone Number: _____
(Home) (Work) (Cell)

Date of Birth: _____

Place of Employment/Occupation _____

Marital Status: (Please Check) Married _____ Single _____ Divorced _____ Separated _____ Remarried _____

Email: _____ (Optional) Web Page: _____ (Optional)

How did you hear about this position: () Radio () Print Media () Referral

Do you play the organ? _____ Do you play the piano/keyboard? _____

Do you play any other instruments? _____

If yes, please list instrument(s): _____

Do you read music? _____ Do you play by ear? _____

What would you say your skill level was on a scale of 1-10? _____

Are you able to teach voice parts? _____

What music style has most influenced you as musician? _____

REFERENCES *(Please do not list relatives)*

Name: _____

Address: _____

Contact number: _____

What is your relationship to this person: _____

How have you know this person: _____

Best time to contact: _____ am _____ pm

Name: _____

Address: _____

Contact number: _____

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