Mount Zion Baptist Church of Bowman 707 Arista Road

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)			rst)		(M.I.)
		•	,		(IVI.1.)
Address:	(House Number and St	Street Name)				
(City) (State)		(Zip)			
Telephone Number:		_				
	(Home)		(Work)		(Cell)	
Date of Birth:						
Place of Employment/Occu	ıpation					
Marital Status: (Please Che	eck) Married S	Single	Divorced	Sepa	rated	_ Remarried
Email:(Option	nal)	Web	Page:	(Optional)		
How did you hear about thi	is position: () Radio					
Trow did you near about an	is position. () Radio	J () I IIIIt IV	icula () Reici	ıaı		
Do you play the organ?	Do you pl	lay the piand	o/keyboard?		_	
Do year alon one other insta						
Do you play any other instr						
If yes, please list in	nstrument(s):					
Do you read music?	Do you play	y be ear?				
What would you say your s	skill level was on a s	scale of 1-10	?			
Are you able to teach voice	e parts?		-			
What music style has most	influenced you as m	nusician?				

usic Education History: (Please provide a brief description of your music education (formal or informal)					
					
usic Employment I	History: (Provide a description of your employment related to your musical career)				

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:pm
Name:
Address:
Contact number:
What is your relationship to this person:
How have you know this person:
Best time to contact: pm
Name:
Address:
Contact number:
What is your relationship to this person:
How have you know this person:
Best time to contact: am pm