

Longview Community Church

Music Director Search Committee

2323 Washington Way

Longview, Washington 98632

Phone 360-423-6380

Fax 360-577-8723

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Read the entire document thoroughly before completing.
2. Do not substitute a resume for completing this form.
3. Please type or print using black ink.
4. Unsigned or incomplete forms will not be considered.
5. Please return your completed application to the address indicated above, c/o Music Director Search Committee, no later than September 1, 2011. You may mail, fax (360-577-8723), or bring the application to the main office.

Longview Community Church will treat all information contained on this form as CONFIDENTIAL.

MUSIC DIRECTOR APPLICATION							
A. PERSONAL INFORMATION							
Name	Last			First		Middle	
Residence Address	Street Address						
	City			State		Zip	
Preferred Phone	Area code ()			Alternate Phone	Area code ()		
Fax Number	Area code ()			E-Mail			
Highest Academic Degree		Granting Institution					
Other Academic Info	Degree	Major/Course of Study		Institution		Year	
	_____	_____		_____		_____	
	_____	_____		_____		_____	
Church and Denomination where you are a member		Name (Denomination)					
		City			State		Zip
Marital Status	Married [] Single [] Engaged [] Divorced [] Remarried [] Widowed []						
Personal Information (continued)							
Have you ever been charged with a criminal violation (felony or misdemeanor)?				Yes [] No [] If yes, explain on a separate sheet of paper			
Have you ever been accused or convicted of any form of child abuse or sexual misconduct?				Yes [] No [] If yes, explain on a separate sheet of paper			
Have you ever been asked to leave a congregation, or been expelled from your position?				Yes [] No [] If yes, explain on a separate sheet of paper			

Have you ever been sanctioned or disciplined by your employer or church?	Yes [] No [] If yes, explain on a separate sheet of paper
Do you have, or have you recently had, any physical or mental disorders that may affect your ability to carry out the assigned duties of music director?	Yes [] No [] If yes, explain on a separate sheet of paper
Have you ever been diagnosed with or received treatment for a substance abuse disorder?	Yes [] No [] If yes, explain on a separate sheet of paper

B. P R O F E S S I O N A L I N F O R M A T I O N

Years of experience as music director	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 20+																			
Musical instruments in which you are sufficiently proficient to perform within the context of a typical traditional and/or contemporary worship service. Please circle the instrument you would consider your primary proficiency.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Type</th> <th style="text-align: left; width: 70%;">Part – Type (i.e., tenor, piano, organ, cello, flute, etc.)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Voice</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Keyboards</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Guitar</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Strings</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Brass</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Woodwind</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Percussion</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </tbody> </table>		Type	Part – Type (i.e., tenor, piano, organ, cello, flute, etc.)	<input type="checkbox"/> Voice	_____	<input type="checkbox"/> Keyboards	_____	<input type="checkbox"/> Guitar	_____	<input type="checkbox"/> Strings	_____	<input type="checkbox"/> Brass	_____	<input type="checkbox"/> Woodwind	_____	<input type="checkbox"/> Percussion	_____	<input type="checkbox"/> Other	_____
Type	Part – Type (i.e., tenor, piano, organ, cello, flute, etc.)																			
<input type="checkbox"/> Voice	_____																			
<input type="checkbox"/> Keyboards	_____																			
<input type="checkbox"/> Guitar	_____																			
<input type="checkbox"/> Strings	_____																			
<input type="checkbox"/> Brass	_____																			
<input type="checkbox"/> Woodwind	_____																			
<input type="checkbox"/> Percussion	_____																			
<input type="checkbox"/> Other	_____																			
Rate the styles of musical worship according to your comfort in performing and leading. Use the following scale: 1 = Very uncomfortable 2 = Slightly uncomfortable 3 = Neutral 4 = Slightly comfortable 5 = Very Comfortable	Genre	Personal Comfort Level (1-5)																		
	Traditional hymns and sacred choral repertoire																			
	Contemporary praise/worship songs																			
	Gospel																			
	Christian Rock/Heavy Metal																			
	Folk/Blue Grass																			
	Rap/Hip-Hop																			
	Sacred Classical (requiems, cantatas, oratorios, arias, etc.)																			
	<input type="checkbox"/> Other (explain):																			
Briefly describe your experience directing choirs:																				

Describe any experience you have in composing and arranging music for worship.
Describe your musical history. Include training and background, how and where you learned to conduct vocal groups, any directing experiences with larger ensembles (i.e., orchestras, large cantatas, etc.), participation in performing groups, etc.

C. CHURCH WORK EXPERIENCE

Please include position title, city, state, church size, community type and dates from/to in years. List churches served. Start with the most recent first. You may include both paid and volunteer positions.

1	Church Name	Denomination
	City/State	From/To (MM/YY – MM/YY)
Position Title/Description		
2	Church Name	Denomination
	City/State	From/To (MM/YY – MM/YY)
Position Title/Description		
2	Church Name	Denomination
	City/State	From/To (MM/YY – MM/YY)
Position Title/Description		

C-2: Other Work and Educational Experiences

Please list any previous occupations, military experience, academic degrees, etc. you would like us to know about. Start with the most recent first.

1	Description	City/State or Country
	Position Title	From/To (MM/YY – MM/YY)
2	Description	City/State or Country

Position Title		From/To (MM/YY – MM/YY)
3	Description	City/State or Country
Position Title		From/To (MM/YY – MM/YY)

D. MUSICAL ACTIVITIES

	Area	Rating (1-5)
<p><i>Rate yourself in each of the functions using the following five-point scale:</i></p> <p>1- indicates your least effective area and a substantial opportunity for personal growth,</p> <p>3- indicates average or adequate effectiveness, but not a unique area of strength, and</p> <p>5- indicates high effectiveness in an area where you demonstrate exceptional capability.</p> <p><i>If you have not had experience with a particular function, please use "N/A."</i></p>	<p>Coordination: Working closely with the senior pastor and other pastoral staff in planning and preparing worship music and other special musical programs.</p>	
	<p>Spiritual Leadership: Inspiring and nurturing the choir so that members feel a true sense of ministry.</p>	
	<p>Rehearsing: Directing the choir in regular rehearsals.</p>	
	<p>Musical Education: Training and demonstration in choral/vocal techniques and instilling an appreciation for the role of music.</p>	
	<p>Musical Excellence: Inspiring and maintaining a high level of musical performance.</p>	
	<p>Repertoire Management: Organizing, maintaining, and updating musical libraries, including researching and acquiring new music appropriate to the church needs.</p>	
	<p>Musical Variety: In addition to traditional liturgy, arranging for an appropriate variety of special music, including soloists, ensembles, instrumentalists, etc.</p>	

E. REFERENCES

Provide three professional and personal references. Your first reference should be the individual who serves in a supervisory or oversight position for your ministry (i.e., Senior Pastor, Board of Directors, etc.).

1	Name of person in supervisory position	Relationship
Street Address		Phone
City/State/Zip		e-mail address (if available)
2	Name	Relationship
Street Address		Phone
City/State/Zip		e-mail address (if available)
3	Name	Relationship
Street Address		Phone
City/State/Zip		e-mail address (if available)

Is your current congregation aware that you are applying for positions elsewhere?
 Yes [] No [] Does not apply []

Thank You. Please return this entire application as soon as possible.
 We suggest you make a copy for you personal records.