

MEDIA TEAM APPLICATION FORM

Name

Surname

Contact Number

Church life

IMAGANE MEDIA TEAM APPLICATION FORM

When did you start attending Imagine Church?

Do you consider Imagine Church your spiritual home? Y
Are you a partner at Imagine Church? Y
What made you decide to make Imagine Church your home?
Do you believe in our 5 E values? Y N
Are you involved with any other ministry or outreach programs? Y
Did you attend a previous church? \boxed{N}
If yes, what is the name of your previous church?
How long did you attend this church?
Did you serve at your previous church? Y N
If yes, indicate your involvement there.
What made you leave your previous church?
Please state the Pastor's name:
Your personal journey
Have you committed your life to Christ? Y N When did this relationship start?
Have you been water baptised? Y N
Have you been baptised in the Holy Spirit, with the evidence of speaking in tongues? Y N
Have you completed Discover Faith? Y N
Have you completed Discover Church? Y N
Have you completed Under Cover? Y N
Have you attended any Grow Nights courses? Y N
What is your view on smoking and/or drinking alcohol?
What is your view on living with a partner before marriage?
What is your view on same sex relationships?



Serving

Do you have any camera experience?

Are you comfortable working with technology or computers?

Why do you want to serve in the Media Team?

General

Are you able to serve all services on a Sunday and commit to midweek rehearsals?

Name an alternative area of the Serve Team you would like to be involved in?

Personal details

Todays date:	Mr Mrs	Mstr Miss	Date of Birth:	dd / mm / yyyy	
First Name:		Surnam	e:		
Street Address:					
Suburb:					
Tel (H):	Tel (W):		Tel (C):		
Email:					
Marital Status: Married	Widowed	Divorced	Seperated	Single	
Do you have any medical conditions in case of emergency? Please state:					
Contact in case of emergency? Name: Cell No:					