

BREAKDOWN APPLICATION

DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

SCHOOL: _____ GRADE: _____

CHURCH YOU ATTEND: _____

ARE THERE ANY OTHER ACTIVITIES OR ORGANIZATIONS YOU ARE OR HAVE BEEN INVOLVED IN THAT REQUIRE YOUR TIME?

WHICH AREAS OF BREAKDOWN ARE YOU INTERESTED IN BEING A PART OF?

DRAMA
DANCE
INSPIRATIONAL SPEAKING
SOUND/LIGHT/MEDIA TECH
STAGE HAND
MARKETING AND BOOKING

DO YOU HAVE ANY EXPERIENCE WITH SOUND/LIGHTS/VIDEO? (PLEASE LIST EXAMPLES)

DO YOU HAVE ANY DRAMA EXPERIENCE? (PLEASE LIST EXAMPLES)

DO YOU HAVE ANY DANCE EXPERIENCE? (PLEASE LIST EXAMPLES)

WHAT ARE YOUR VIEWS ON SEXUAL ABSTINENCE?

HAVE YOU MADE A CHOICE TO LIVE AN ABSTINENT LIFESTYLE OR SECONDARY VIRGINITY? WHY?

DO YOU THINK YOU WILL BE A GOOD EXAMPLE FOR THOSE WHO ARE UNSURE OF AN ABSTINENT LIFESTYLE? WHY?

PLEASE WRITE DOWN THREE PEOPLE WE COULD CALL FOR REFERENCES (THESE NEED TO BE PEOPLE OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR AT LEAST 2 YEARS)

1. _____ PHONE #: _____
2. _____ PHONE #: _____
3. _____ PHONE #: _____

PLEASE BRING OR MAIL THIS APPLICATION TO OUR CENTER TO BE CONSIDERED FOR BREAKDOWN.

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