SERVICE PARTICIPATION FORM

Contact Information

- **Full Name:** _____
- **Preferred Name (if different):** _____
- **Mailing Address:** _____
- **City / State / Country:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Church Affiliation / Congregation:** _____
- **Social Media Page(s) or Website (optional):** _____

Participation Interests

Please check all areas you are interested in contributing to:

- ☐ **Singing / Musical Performance**
- ☐ **Leading a Prayer or Meditation**
- ☐ **Giving a Sermon or Reflection**
- ☐ **Telling a Story (personal, spiritual, cultural, etc.)**
- ☐ **Sharing a Personal Experience or Testimony**
- ☐ **Reading (poetry, scripture, inspirational text)**
- ☐ **Youth or Family Segment**
- ☐ **Lighting a Chalice / Opening Words**
- ☐ **Offering a Closing Benediction**
- ☐ **Technical Support (moderating chat, managing Zoom, etc.)**
- ☐ **Other (please describe):** _____

Experience & Background

- **Have you participated in online worship before?** ☐ Yes ☐ No
- **Briefly describe any relevant experience (music, speaking, storytelling, leadership, etc.):** _____

  _____

  _____

- **If offering music:**
    - Instrument(s) or vocal part: _____
    - Will you perform live or submit a pre-recorded piece? _____

Availability

- **Preferred month(s) to participate:** _____
- **Preferred role(s) for your first service:** _____

Technical Information

- **Do you have access to a stable internet connection?** ☐ Yes ☐ No
- **Do you have a webcam and microphone suitable for broadcast?** ☐ Yes ☐ No
- **Do you need technical assistance or a rehearsal session?** ☐ Yes ☐ No

Permissions

- **Do you grant permission for your participation to be recorded and shared as part of the service broadcast?** ☐ Yes ☐ No
- **Do you grant permission for your name to be listed in the service program?** ☐ Yes ☐ No

Additional Notes or Questions: _____

_____

_____

Submission

Please email your completed form to: **shahan@icuu.org**