

**Church Choir Director**  
**Position Description**  
**First Lutheran Church (Findlay, Ohio)**

**Title: Senior Choir Director**

Classification: Part-time, Exempt

Reports to: Senior Pastor/Church Council

Approved by: Church Council

**SUMMARY OF RESPONSIBILITIES**

Music is an integral part of the life of this congregation. Under the leadership of the clergy and Council, the choir director teaches the members of the choir meaningful choral music to be used at our worship services throughout the church year, September thru May.

**The Choir Director will.....**

- Hold at minimum a Bachelor's degree or equivalent.
- Rehearse the choir once a week on Thursdays at 7:00 p.m. ● Have the choir sing three of the four Sundays of the month and possibly the fifth Sunday.
- Have the choir sing at the 10:45 service **and occasionally at 8:15 service** ~ September thru May. ● Include the choir at all special services such as and not limited to Christmas Eve, Ash Wednesday, and Maundy Thursday or as directed by the Senior Pastor.
- Provide singers/instrumentals for summer special music each week. ● Be the cantor or secure a cantor when needed.

**Assist in Worship Planning in the church by.....**

- Choose weekly anthems that correspond with the lectionary. ● Submit title of the anthem to the Google Document no later than Wednesday morning of each week.
- Participate on the Worship and Music Committee as requested in an advisory role.
- Make suggestions for the purchase of necessary choir music and supplies. ● Participate on the Worship Planning Team.
- Attend Staff Meetings as able.

**First Lutheran will....**

- Reimburse expenses incurred in attending approved continuing education opportunities.
- Perform an annual review of the choir director to discuss areas of mutual accord and concerns.

I have reviewed the above job description and understand the requirements of this position.

**Please check one:**

\_\_\_\_\_ I would be capable of performing all of the requirements of this job.

\_\_\_\_\_ I would be capable of performing the requirements of this job if an accommodation were made. (If you checked this area, please describe the accommodation here.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would not be capable of performing one or more of the requirements of this job, with or without accommodation. (If you checked this area, please list the job tasks that you cannot perform, with or without accommodation.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Signature of Employee  
\_\_\_\_\_ or Applicant Date