



Dear Prospective Support Group Volunteer,

Thank you so much for your interest in High Country Support Group. At High Country, we rely upon the Lord to bring us brothers and sisters in Christ who have a desire to share their gifts and talents to further the mission and outreach of our home school support group.

It is believers like yourself the Lord is placing in leadership positions, calling each one of us to be witnesses for Him. The Lord continues to bless this family ministry with Christians committed to stepping forward and doing what He has placed upon their heart. We are grateful for those assisting as partners enriching all areas of our ministry.

Enclosed is a ministry application you will need to complete to be considered for the position you are applying. Please hand in your application to the person you've talked with or send your completed application to us at the following address:

High Country Home Educators
P.O. Box 62284
Colorado Springs, CO 80962

Once we have received your paperwork, you will be contacted for an interview, your references will be called and a background check will be conducted. If you have any questions please call 278-9135 x 4 and we will return your call as soon as possible.

May God richly bless you as you continue seeking His will for your life.

Respectfully,

The Support Group Board

High Country Support Group

719-278-9135 x 4

MINISTRY APPLICATION FOR 18 YEARS OF AGE AND OLDER

Leadership Team & Volunteers

APPLICANT INFORMATION FOR 18 YEARS OF AGE AND OLDER

Name:		Phone:	
Address:			
City:		State:	Zip Code:
Email Address:			
Previous Address: (If less than 5 years)			
Social Security #: - -		<input type="checkbox"/> Male <input type="checkbox"/> Female	Ages of children:
Driver's License #:		State:	Expiration:
Church you attend:		Length of time you have attended:	

EDUCATION

High School (Name, City, State)	College / University (Name & Degree)
_____	_____

MINISTRY AREA FOR WHICH YOU ARE APPLYING

<input type="checkbox"/> Leadership Team <input type="checkbox"/> Administrator <input type="checkbox"/> Administrative Coordinator <input type="checkbox"/> Administrative Correspondence Assistant
<input type="checkbox"/> Team Leader (over which area below) <input type="checkbox"/> Ministry Teams <input type="checkbox"/> Special Events <input type="checkbox"/> Resources & Programs <input type="checkbox"/> Communications
<input type="checkbox"/> Ministry Leader (of which area?)
Hours Available per week: <input type="checkbox"/> 1-5 hours <input type="checkbox"/> 6-10 hours <input type="checkbox"/> 11-15 hours
What other commitments do you have already or are you considering within High Country?

SPIRITUAL GIFTS , SKILLS & INTERESTS

<input type="checkbox"/> Administration Skills	<input type="checkbox"/> Curriculum help	<input type="checkbox"/> Communications
<input type="checkbox"/> Encouragement/Prayer	<input type="checkbox"/> Special Needs/Challenges	<input type="checkbox"/> Service
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Beginning Homeschoolers
<input type="checkbox"/> Hospitality/Hostess	<input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Middle School
<input type="checkbox"/> Phone Help	<input type="checkbox"/> Special Events	<input type="checkbox"/> High School
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Workshops/Seminars	<input type="checkbox"/> Graduation Team
<input type="checkbox"/> Other (please describe):		

PREVIOUS EXPERIENCE

Have you ever worked or volunteered at New Life Church before? Yes No

If yes, please describe: _____

List any gifts, training, education, or experiences that have prepared you to serve with High Country Support Group in the capacity for which you are applying:

PERSONAL BACKGROUND

Have you been born again? (John 3:3-8) Yes No *If yes, when?* _____

Have you received baptism in the Holy Spirit? (This is not water baptism) Yes No *If yes, when?* _____

As a result of your "born again" experience, share your personal testimony in relationship with Jesus Christ. (see Luke 9:26) *(use additional paper if necessary)* :

How did you find out about HCSG?

If you attend a church other than New Life, please give:

Pastor's Name: _____ Church Phone: _____

Have you attended Small Group Leadership training at New Life Church? Yes No

If yes, when? _____ *If no, would you be willing to do so in the future?* Yes No

List any previous Small Group Ministry Involvement: _____

Small Group Ministry leader's name & phone: _____

List any previous Children or Youth Ministry involvement: _____

Supervisor's/Leader's name & phone: _____

What is your greatest strength?

What is your greatest weakness?

Are you able, with or without accommodation, to perform the essential duties of this position?

Yes No *If no, please explain:* _____

Have you reviewed a job description? Yes No

Do you understand the job requirements? Yes No

PERSONAL BACKGROUND (continued)

Please indicate if you engage in any of the following behaviors:

- Chew or Smoke Tobacco Drink Alcohol Use Illegal Drugs Pornography

Have you ever been charged, arrested, or convicted of a felony, or misdemeanor?

- Yes No *If yes, please explain:* _____

Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of:

1. Theft or mishandling of monies or company property? Yes No

If yes, please explain: _____

2. Physical or sexual abuse or sexual harassment by you? Yes No

If yes, please explain: _____

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse, neglect, or sexual harassment by you? Yes No

If yes, please explain: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

Are there any facts or circumstances involving you, your health, or your background that would adversely affect your ability to supervise, guide, and care for young people? Yes No

If yes, please explain: _____

If there has been alcohol abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future? *(Use additional paper if needed.)* _____

REFERENCES –Please include two reference letters with this application.

List Two Personal Adult References Other Than Relatives or Employers:			
Name:		Name:	
Address:		Address:	
State:	Zip:	State:	Zip:
Phone:	E-mail:	Phone:	E-mail:
Relationship to you:		Relationship to you:	
List One Professional Reference: (or Volunteer Position) (Applicants 18 and Older)			
Name:		Title/Position:	
Address:		Phone:	E-mail:
State:	Zip:	Organization Name:	
List a Pastoral Reference (Senior Pastor, Associate Pastor, or Small Group Leader~ This person must know you well)			
Name:		Title/Position:	
Address:		Phone:	E-mail:
State:	Zip:	Organization Name:	

SPIRITUAL BELIEFS

Indicate all statements that apply. <i>I Believe:</i>	
<input type="checkbox"/> In the Virgin Birth (Isaiah 7:14) and Deity of our Lord Jesus Christ (Matt 1:23).	<input type="checkbox"/> In eternal damnation for the lost (Luke 16:19-31).
<input type="checkbox"/> That Jesus is God’s Son (John 3:16) and the only sacrifice for sin (Romans 3:23-25).	<input type="checkbox"/> That the Holy Bible is infallible (2 Timothy 3:16).
<input type="checkbox"/> That Jesus rose bodily from the dead (Romans 10:9) and now sits at the right hand of the Father in Heaven (Mark 16:19)	<input type="checkbox"/> That a person must be born again to receive eternal life (John 3:3-8).

CERTIFICATION

My answers on this application and on any resume’ I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or interviews, will be cause for the rejection of my application and the termination of my contract at any time. I authorize High Country Home Educators and its agents to verify any information related to my application or resume’. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background, and hereby release and all of them from liability for doing so.

If High Country Home Educators contracts me, I understand I will be contracted at an at-will basis for an allotted period of time, and that High Country Home Educators shall comply with appropriate federal and state laws and regulations prohibiting discrimination on grounds of race, color, gender, national origin, age or disability.

APPLICANT SIGNATURE:	DATE:
_____	_____

NEW LIFE CHURCH

DISCLOSURE AND BACKGROUND CHECK AUTHORIZATION FORM

Department Requesting: _____

I understand that New Life Church will seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but are not limited to criminal history records (from local, state and federal agencies), sexual offender's lists, wants and warrants records, and motor vehicle records. I hereby authorize, without any reservation, the full release of these records from such agencies and hereby release such agencies from any liability resulting from disclosure of this information. In addition, I release and discharge New Life Church from any expenses, losses, damages, and liabilities for the investigative process. Upon request, New Life Church will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: New Life Church, Attention HR Department, 11025 Voyager Parkway, Colorado Springs, CO 80921 or by contacting New Life Church at 1-719-594-6602.

Signature Date mm/ dd/ yyyy

PRINT Full Name

PRINT Maiden Name /mo yyyy Mo/Yr Married

PRINT All Aliases (Last Name Only)

Date of Birth mm/ dd/ yyyy Place of Birth

Social Security Number

Driver's License Number State

Date Moved to Colorado mm/ yyyy

**If you have lived in Colorado for LESS THAN 3 YEARS, please complete the information on Page 2.

Current Local Address:

Street

City State Zip

Home Phone Number (Is this a cell phone? ___Y ___N)

Submitted By:

If you have lived in Colorado for LESS THAN 3 YEARS, please fill in the following, beginning with the most recent STATE you lived in before moving to Colorado and ending with the STATE you lived in 10 years ago.

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____

City: _____ State: _____ County: _____

Your Last Name during this time: _____

Dates: From _____ To _____ Zip:

City: _____ State: _____ County:

Your Last Name during this time: _____

Dates: From _____ To _____ Zip:

City: _____ State: _____ County:

Your Last Name during this time: _____
