

High Country Support Group

719-278-9135 x 4

MINISTRY APPLICATION SUPPLEMENT PAGE

APPLICANT INFORMATION:

Date: _____

Name:		Phone:	
Address:			
City:	State:	Zip Code:	
Email Address:			
Ages of Children:	Years of Homeschooling:	Years with HCHE:	

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	<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/Meetings	
<input type="checkbox"/> Other (please describe):		

CERTIFICATION:

I understand I am volunteering on 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.

This supplemental page to my original application with High Country Home Educators is also complete and true and the submission of any false or incomplete information in connection with this 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.

This supplemental page for Support Group purposes is to be used in conjunction with an original application submitted to High Country Enrichment Classes. By signing this form, I am giving permission to make a copy of my original application on file for the use in this other High Country division.

APPLICANT SIGNATURE: _____

DATE: _____

❖ Office Use Only			
Date Received _____	By: _____	Interview Date _____	Date of Hire: _____
References Checked _____	Position Placement: _____		Updated 1/10