

TEACHER

Re-Entry Application

This form is for former HCEC teachers who have not served in a teaching position at HCEC for more than 1 semester, but less than 4 semesters.

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ Phone: _____

E-Mail: _____ Cell Phone: _____

Spouse's Name: _____ Children's Names and Ages: _____

1. Why do you believe the Lord is calling you to teach at HCEC this next semester?

What was the last semester you served as a teacher? _____

2. How does teaching fit into your life? _____

3. What is the name of the church you have attended for the last six months? _____
_____ How has the Lord been moving in your life in these past six months? _____

4. Have there been any changes in your physical ability to serve? _____

REFERENCES:

List a Pastoral Reference:

(Senior Pastor, Associate Pastor, or Small Group Leader ~ This person must know you well.)

Name: _____ Title/Position: _____

Address: _____ Phone: _____

State: _____ Zip: _____ Organization Name: _____

List a Personal Adult Reference Other Than Relatives or Employers:

Name: _____ Title/Position: _____

Address: _____ Phone: _____

State: _____ Zip: _____ Organization Name: _____

*As each one has received a gift, minister it to one another, as good stewards of the manifold grace of God.
1Peter4:10*

Submit this form to: Guest Services Route this form to: Carol Beal