

Vital Partner Re-Entry Application

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

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ E-Mail: _____

Phone: _____ Cell Phone: _____

Spouse's Name: _____

Children's Names and Ages: _____

1. What area of ministry are you applying for?

Teacher's Tots: _____ Age Preference: _____ Tues: ___ Wed: _____

Teacher Assistant: _____ Subject Preference: _____ Tues: ___ Wed: _____

Program Support: _____ Area Preference: _____ Tues: ___ Wed: _____

Lunch Program: _____ Area Preference: _____ Tues: ___ Wed: _____

2. Why would you like to serve as a Vital Partner (VP) at this time? _____

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

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*

Administrative: Submit to Guest Services. Route to Carol Beal.