



MINISTRY Re-Entry Application

This form is for anyone who is returning to serve at HCHE after an absence of 2 – 4 semesters' service. If it has been 2 years, or more, a full application is needed.

Humanresources@hche.org

(719) 278-9135 ext 2

High Country Home Educators admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

APPLICANT INFORMATION		TODAY'S DATE:	
Legal Name:	Ages of Children:		
Spouse's Name:	<input type="radio"/> Male <input type="radio"/> Female		
Email:	Home Phone:		
Address:	Cell Phone:		
City:	State:	Zip Code:	
What was the last semester you served at High Country?			
What is the name of the church you have attended for the last 6 months?			
How has the Lord been moving in your life since your absence in service at HC?			

SPIRITUAL GIFTS		
<input type="checkbox"/> Administration Skills	<input type="checkbox"/> Curriculum knowledge	<input type="checkbox"/> Communications
<input type="checkbox"/> Encouragement/Prayer	<input type="checkbox"/> Special Needs/Challenges	<input type="checkbox"/> Service Projects: Lead__ Assist __
<input type="checkbox"/> Computer Skills/Technology	<input type="checkbox"/> Field Trips: Lead__ Assist __	<input type="checkbox"/> Birth to 5 years
<input type="checkbox"/> Hospitality/Hostess	<input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Elementary
<input type="checkbox"/> Yearbook: Lead__ Assist __	<input type="checkbox"/> Special Events: Lead__ Assist __	<input type="checkbox"/> Middle School
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Workshops/Seminars	<input type="checkbox"/> High School
<input type="checkbox"/> Meal Train	<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Graduation Team or Banquet

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

1 Peter 4:10

CONFIDENTIALITY AGREEMENT

- Each student at HCHE has the right to privacy. Any information regarding families of HC must remain confidential, whether discovered in written form or overheard in conversation. No information about any family at HC is given out by any youth hired by HCHE.
- High Country Home Educators deals with many confidential issues pertaining to its members and families and staff.
- All HCHE emails and phone lists are for HCHE use only and should not be used for any solicitation purposes.
- As a Youth Vital Partner, it is your responsibility to honor all aspects of HCHE Confidentially Agreement. When a confidential situation arises, it is your responsibility to report that information to your supervisor. It is very important that you do not discuss confidential information with other youth.

Do you agree to the confidentiality agreement? Yes No (Read above before marking)

LIABILITY RELEASE

I waive, release, indemnify, and promise not to sue High Country or New Life Church and all of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, including the released parties' own negligence, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. I fully assume the risks associated with participating in this activity. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

Do you agree to the liability release? Yes No (Read above before marking)

REFERENCES

List one personal adult reference other than relatives:

Name	Relationship:	
Email		
City	State	Zip
Home Phone	Cell Phone	

List a spiritual life reference (small group leader, Bible study leader, etc.—This person must know you well)

Name	Relationship	
Email	Phone	
City	State	Zip
Organization Name	Title/Position	

PRINT NAME: _____ Date: _____

SIGNATURE: _____

Submit this form to Guest Services.

Guest Services, please route this form to Human Resources.