



1242 - 280TH Street
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SINGLE MOTHER'S SUPPORT TEAM APPLICATION 2019

Mandatory Training on Sunday, Jan 27th at 2pm- 4:30 pm

Retreat Date is Feb. 1-3, 2019. Support Staff Move in at 6:00 pm.

Name _____ Home Phone (____) ____ - _____

Address _____ Cell Phone (____) ____ - _____

City _____ State _____ Zip Code _____ Age _____

Email _____

Church _____ Shirt size _____

Position at work _____

1. List any retreat, camp, or similar experience you have had.
2. List particular skills or interest that might be helpful at the Single Mother's Retreat.
3. Please list two references:
 - a. Name _____
Email _____ Phone Number (____) ____ - _____
 - b. Name _____
Email _____ Phone Number (____) ____ - _____
4. In one paragraph, explain why you would like to be a helper at the Single Mother's Retreat.
5. What would be your personal goal for the weekend and how would you hope to accomplish that goal?

6. In one paragraph, share what it means for you to be a Christian.

7. List any convictions you have other than minor traffic violations.

8. Do you have any physical limitations, allergies or special dietary needs that would be helpful for us to know in order to better serve you in your work with us?

9. Being a part of the Support Team means...
 - You are working on the Prayer Team OR being a Table Leader
 - Prayer Team- You are behind the scene support to this event through prayer and acts of kindness. You will be available to ladies and staff to be prayed for during the weekend at any time.
 - Table Leader- You are in charge of a group of single moms at a table. You will be there for support and encouragement. You will guide them through the schedule & be there to facilitate conversation.
 - You will help in any clean up required after the event.

10. Please mark your 1st and 2nd preference (your preference is not guaranteed)
_____ Prayer Team _____ Table Leader

Inspiration Hills staff will be in contact with you after you submit your application for your placement.
Thank you!

Return with background check & your \$50 fee*

Mail: Inspiration Hills
Att: Program Director
1242 280th Street
Inwood, IA 51240

Fax: 712-986-2301
Email: paige@inspirationhills.org

*support team fee is to cover meal and housing cost

INSPIRATION HILLS

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Inspiration Hills and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company.

I release Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address How Long?

City/State Zip?

Phone?

Former Address How Long?

City/State Zip?

*Date of Birth _____
Social Security Number _____
Driver's License Number _____
State of License

Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Company is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.