

HIS little feet

Married Couple Tour Staff Application

REQUIREMENTS FOR A MARRIED COUPLE

- Both spouses must be 22 years or older
- No children
- Interview required (on phone or in person)
- Applicants must provide their own personal medical insurance
- National Background Check required for both spouses
- Photo of Self (email to info@hislittlefeet.org)
- 3 letters of recommendation for each spouse from a pastor, previous employer and/or ministry leader, and a friend, which applicant has known for more than 2 years. Please make sure that the person writing the recommendation includes their contact information, as well as your full name to identify who the recommendation is for. Please have the person writing the recommendation send the original letter to:

His Little Feet
Attn: Human Resource Department
1540 Main Street
Unit 218-290
Windsor, CO 80550

- Please send application to info@hislittlefeet.org or mail the application to:

His Little Feet
Attn: Human Resource Department
1540 Main Street
Unit 218-290
Windsor, CO 80550

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Date: _____

HUSBAND

GENERAL INFORMATION - HUSBAND

Full Name: _____

Birthdate: ____/____/____ Age: ____ Gender: Male

Wedding Date: ____/____/____

Address: _____

City: _____

State: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

EMERGENCY INFORMATION - HUSBAND

In Case of Emergency, please contact (person other than spouse):

Relation to you: _____ Phone: (____) ____ - ____

IDENTIFICATION INFORMATION - HUSBAND

Driver's License Number: _____ State: _____

Social Security Number: _____ - _____ - _____

Do you have a passport? _____

If so, name as seen exactly on Passport -

First: _____ Middle: _____ Last: _____

Passport Number: _____

PP Exp. Date: ____/____/____ PP Issuance Date: ____/____/____

Location of PP Issuance: _____

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MEDICAL INSURANCE INFORMATION - HUSBAND

Medical Insurance Provider: _____

Medical Insurance Identification Number: _____

Medical Insurance Address: _____

Medical Insurance Phone Number: (____) ____ - ____

Do you have any medical issues that His Little Feet should be aware of: _____

If so, please explain: _____

PAST PERTINENT INFORMATION - HUSBAND

Do you have a criminal record? _____

If so, please explain: _____

EDUCATION - HUSBAND

Did you graduate high school? _____ If so, what year? _____

Name of H.S.: _____ City/State: _____

College – (circle one):

_____ Currently attending college (years completed: _____)

_____ Have Graduated from college (graduation date: _____)

_____ Neither

Major: _____ Minor: _____

Name of College: _____

City, State: _____

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Post-Baccalaureate Study - (circle one):

_____ Currently attending my post-baccalaureate studies

(years completed: _____)

_____ Have graduated (graduation date: _____)

_____ Neither

Area of Study: _____

Name of College: _____

City, State: _____

PAST EXPERIENCES - HUSBAND

Do you have any experience working with children? _____

If so, please explain:

Have you ever traveled outside of the United States? _____

If so, please list countries and the purpose of travel:

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Have you served in any ministry setting here in the States and/or abroad? _____

Is so, how many years: _____

Also, if so, please share about the ministry setting and what part you served in that ministry:

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ELLERSLIE BACKGROUND

Did you attend Ellerslie Basic Training? _____

If so, when did you attend Ellerslie? Year _____ Season _____

...and did you graduate? _____

Please briefly share how you heard about Ellerslie, how your time at Ellerslie has grown you and how you could apply the things you learned at Ellerslie to your time serving with His Little Feet:

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PERSONAL TESTIMONY - HUSBAND

Please share your testimony of becoming a Christian (please include when, where, and what lead up to your decision):

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EXPLAIN YOUR REASONS FOR APPLYING TO SERVE WITH HIS LITTLE FEET - HUSBAND

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SHARE WITH US: CHARACTER TRAITS; STRENGTHS AND WEAKNESSES;
EXPERIENCES; GIFTS YOU COULD USE TO STRENGTHEN THE MINISTRY.
- HUSBAND

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TEAM ATMOSPHERE QUESTIONS - HUSBAND

Do you work well with others in a team atmosphere? _____

Do you consider yourself a good follower? _____

Do you consider yourself a person with strong leadership abilities? _____

Are you willing to place the agenda of the team ahead of any personal goal? _____

Are you the type of person that would be willing to take on a new assignment and/or task, if asked to do so? _____

OTHER COMMENTS ABOUT AND/OR FROM HUSBAND:

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Date: _____

WIFE

GENERAL INFORMATION - WIFE

Full Name: _____

Birthdate: ____/____/____ Age: ____ Gender: Female

Wedding Date: ____/____/____

Address: _____

City: _____

State: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

EMERGENCY INFORMATION - WIFE

In Case of Emergency, please contact (person other than spouse):

Relation to you: _____ Phone: (____) ____ - ____

IDENTIFICATION INFORMATION - WIFE

Driver's License Number: _____ State: _____

Social Security Number: _____ - _____ - _____

Do you have a passport? _____

If so, name as seen exactly on Passport -

First: _____ Middle: _____ Last: _____

Passport Number: _____

PP Exp. Date: ____/____/____ PP Issuance Date: ____/____/____

Location of PP Issuance: _____

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MEDICAL INSURANCE INFORMATION - WIFE

Medical Insurance Provider: _____

Medical Insurance Identification Number: _____

Medical Insurance Address: _____

Medical Insurance Phone Number: (____) ____ - ____

Do you have any medical issues that His Little Feet should be aware of: _____

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PAST PERTINENT INFORMATION - WIFE

Do you have a criminal record? _____

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EDUCATION - WIFE

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OTHER COMMENTS ABOUT AND/OR FROM WIFE: