

“HIGHER GROUND”

## Application to Work “Higher Ground Experience” Weekend

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ NAME ON BADGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WHAT WEEKEND EXPERIENCE WOULD YOU LIKE TO WORK: \_\_\_\_\_

TALKS YOU HAVE PREVIOUSLY GIVEN: \_\_\_\_\_

WOULD YOU LIKE TO GIVE A TALK? \_\_\_\_\_

AREAS YOU HAVE PREVIOUSLY WORKED: \_\_\_\_\_

\_\_\_\_\_

AREAS YOU WOULD LIKE TO WORK: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS OR SUGGESTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL GIFTS OR TALENTS YOU WOULD BE INTERESTED IN SHARING: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE FOOD ALLERGIES OR MEDICAL RESTRICTIONS? \_\_\_\_\_

IF SO PLEASE SPECIFY \_\_\_\_\_

ARE YOU ON SPECIAL MEDICATION? \_\_\_\_\_

ARE THERE ANY PARTICULAR PHYSICAL NEEDS YOU HAVE THAT MIGHT NEED SPECIAL

ATTENTION? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

**MAIL THIS COMPLETED FORM:**

**REGISTRAR, HIGHER GROUND, P.O. Box P.O. Box 62, Berryville, AR 72616**

**Cost \$150 with lodging at retreat center. \$100 without lodging.**

