

STAFF

Confidential Staff Reference



Instructions:

- » Please PRINT NEATLY and complete both pages of this form.
- » Mail, fax, or email this form to the address provided on the second page.

Request for Reference	Section 1: Request for Reference – This section is to be completed and signed by Applicant.	
	Applicant's Name: <small>(First, MI, Last)</small>	
	Applicant's Email:	Phone: () -
	Position Applicant is Applying for:	
	I hereby request you to complete the confidential reference form to provide Journey Quest, Inc with information needed in considering my application for employment or volunteer service. I waive my right to examine the information any person gives.	
	Applicant's Signature:	Date:

NOTE FROM JOURNEY QUEST:

The nature of the ministry of Journey Quest requires that we have mature, dependable, and spiritually minded staff. We do not expect them to be perfect, and we are excited to help them grow and make personal improvements. It is our mission to *make disciples* by building Biblical qualities into our staff's lives. We are concerned that the people who come to Journey Quest see Christ through the lifestyle that each staff member portrays.

Be objective in completing this form and submit it directly to us. Please leave blank any questions you feel unqualified to answer. Your information will be held in strict confidence.

2: Reference Questions	Please answer the following questions:
	1. How long and under what conditions have you known this person? _____
	2. Is the person a Christian? For approximately how long? _____
	3. Does the person appear to be growing in his/her Christian experience? If so, what are some examples of the growth that you see? _____
	4. Does the person take an active interest in Christian service? If so, what are some examples? _____
	5. Please describe the person's spiritual life and Christian testimony among peers and community: _____
	6. What are the person's strong points? _____
	7. Does the person have any traits that you feel might hinder the effectiveness of an outdoor ministry? _____

2: Questions (continued)

8. Are you recommending the person because of what he/she can do for our program or for what we can do for him/her, or both?
9. Would you want your own child or teenager to be placed under the direct supervision of this person?
10. In your opinion, does the person have the desire and/or abilities to work with young people in a camp setting? Please explain:
11. What are the person's special abilities or talents?

12. Please rate the applicant on each of the following areas:

1: Needs Improvement, 2: Below Average, 3: Average, 4: Above Average, 5: Superior

	1	2	3	4	5	Comments:
a. Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Ability to Deal with Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Initiative / Self Starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Office Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Mechanical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Additional Comments:

Section 3: Reference Contact Information

3: Reference Information	Your Name:		<input type="checkbox"/> Please add me to Journey Quest's Mailing List
	<i>Address:</i>		<input type="checkbox"/> Please send me more information
	<i>City:</i>		<i>State:</i> <i>Zip:</i>
	<i>E-mail Address:</i>		<i>Phone:</i> () -
	<i>Occupation or Relationship to Applicant:</i>		
	I certify that these statements are true to the best of my knowledge. I understand that my responses will be held in strict confidence and will not be shared with the applicant.		
	Reference's Signature:		<i>Date:</i>

Thank you for taking the time to help us with our staff needs. Please continue to pray for us as we choose staff and for this person as he/she prepares for possible service. - **Mark Anderson, President**

Mail, fax, or email this form to: **Journey Quest**
 24308 Weld County Rd 17
 Johnstown, CO 80634
 Fax: _____
info@journeyquest.org

Have Questions? Email us, give us a call at **1-888-623-7939**, or visit **www.journeyquest.org**