

# Staff Application



**Thank you for your interest joining Journey Quest's staff!** Please complete this form carefully, and honestly answer the questions. Our desire is that this will help us get to know you and see your heart for this ministry.

### Instructions:

- » **Please print neatly!**
- » Keep a copy of this form for your records
- » Mail or email a copy of the reference form to each of your three references. The reference form can be found on our website.
- » Mail, fax, or email your completed application form to the address at the bottom of the form. We will contact you once your application and references are received.

APPLICANT INFORMATION:				
Personal Information	Applicant Name: <small>(First, MI, Last)</small>		Birth Date: <small>(MM/DD/YYYY)</small>	
	E-Mail Address:			
	Current Address:		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
	City, State, Zip:		Hm Phone: ( ) -	
	Social Security #:		Wk Phone: ( ) -	
	Driver's License #:	DL State:	Cell Phone: ( ) -	
ALTERNATE ADDRESS: (i.e. your home address if you are away at school):				
Address Description:		Alt Phone: ( ) -		
Address:		City, St, Zip:		

Which type of staff position would you like to apply for?	
Staff Positions	<input type="checkbox"/> Seasonal Position <input type="checkbox"/> Full-Time, Year-Round
	<b>When are you available for employment?</b> Beginning: _____    Ending: _____
	<b>Please list any previous obligations that you have for this season:</b> <i>(reunions, weddings, etc.)</i>
	<b>Select one of the following:</b> <input type="checkbox"/> I would prefer to volunteer or raise support. <input type="checkbox"/> I would prefer to work on paid staff, but I am willing to work as a volunteer or raise support. <input type="checkbox"/> I am only able to come in a paid position.

Please provide contact information for three references: Your references can be a pastor, youth pastor, mentor, teacher or an employer. We will contact these people to request a confidential reference.				
References	Reference's Name	E-mail Address	Phone	Relationship to You
1			( ) -	
2			( ) -	
3			( ) -	

Please answer the following questions: *(Feel free to use a separate sheet of paper if you need more space.)*

**1. Why do you want to be on staff at Journey Quest?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. What are two of your long-range goals?**

\_\_\_\_\_  
 \_\_\_\_\_

**3. What areas of your life would you like to grow in while you are at Journey Quest?**

\_\_\_\_\_  
 \_\_\_\_\_

**4. Please rate yourself in the following areas according to the scale below:**

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"/>	_____

Application Questions

**5. What specific strengths do you have to offer Journey Quest?**

\_\_\_\_\_  
 \_\_\_\_\_

**6. What personal qualities might be a hindrance to your effectiveness as a staff member?**

\_\_\_\_\_  
 \_\_\_\_\_

**7. Do you have any physical, mental, or emotional conditions or impairments which would keep you from performing certain jobs? If yes, please describe:**

\_\_\_\_\_  
 \_\_\_\_\_

**8. Have you ever been formally accused or convicted of any felony, child abuse, or unlawful sexual offense? If yes, when and what?**

\_\_\_\_\_  
 \_\_\_\_\_

**9. List any traffic tickets or accidents you have had while driving over the last 3 years:**

\_\_\_\_\_

**EDUCATION:**

**1. Are you in school?** If Yes, where?  
\_\_\_\_\_

**2. Years of college completed:**  
\_\_\_\_\_

**3. Course of Study:**  
\_\_\_\_\_

**4. Degrees Earned:**  
\_\_\_\_\_

**5. Other Education / Technical Training:**  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** *Please list the two most recent jobs that you have held:*

Education & Employment History

Employer 1

<b>Employer:</b>	_____		
Address:	_____	City, State, Zip:	_____
Name of Supervisor:	_____	Supervisor's Phone:	(    )    -
Job Title / Description of Work:	_____ _____		
Dates of Employment:	_____		
Reason for Leaving:	_____		

Employer 2

<b>Employer:</b>	_____		
Address:	_____	City, State, Zip:	_____
Name of Supervisor:	_____	Supervisor's Phone:	(    )    -
Job Title / Description of Work:	_____ _____		
Dates of Employment:	_____		
Reason for Leaving:	_____		

**Have you ever been on staff at another outdoor ministry?** If so, where?

Ministry Info

<b>Ministry Name:</b>	_____		
Address:	_____	City, State, Zip:	_____
Name of Supervisor:	_____	Supervisor's Phone:	(    )    -
Job Title / Description of Work:	_____ _____		
Dates of Employment:	_____		
Reason for Leaving:	_____		

**CERTIFICATIONS:** *If you hold any of the following, please list the state or issuer and the expiration date:*

Standard First Aid:	_____	Wilderness First Aid:	_____
CPR:	_____	Wilderness First Responder:	_____
Commercial Driver's License:	_____	EMT:	_____
Other Certifications: Ministry training, counseling, ect.	_____ _____		

Please rate your interest or experience according to the following system:

1: No Interest, 2: Interested in Learning, 3: Limited Experience, 4: Able to Assist, 5: Able to Lead

Experience & Interests

<b>1. Spiritual Leadership</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments:</b>
a. Discipleship . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Evangelism & Witnessing . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Teaching Bible Studies . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Leading Group Discussions .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Worship & Music Leading . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2. Outdoor Activities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments:</b>
a. Whitewater Rafting . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Rock Climbing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Rappelling . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. High Ropes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Low Ropes / Teambuilding .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Backpacking . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Hiking / Mountaineering . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Map & Compass . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Overnight Camping . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3. Youth Work</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments:</b>
a. Leading Skits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Leading Games . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Story Telling . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Work With At-Risk Youth. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Counseling Youth. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>4. Family Work</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments:</b>
a. With Couples. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. With Adults. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. With Young Children . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>5. Miscellaneous</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments:</b>
a. Photography . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Office Skills. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Mechanical Skills . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Foodservice . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**6. Please note any special experience or training you've had in these areas:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. If you have previous river guiding experience, please complete this section:**

Seasons: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ River Miles: \_\_\_\_\_

Please describe your river experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spiritual Background

**1. Home Church:** \_\_\_\_\_

What is your involvement in the church? \_\_\_\_\_

**2. Please state your beliefs concerning the following.** Give scriptural evidence to support your answers:

a. Jesus Christ: \_\_\_\_\_

b. Salvation: \_\_\_\_\_

c. The Bible: \_\_\_\_\_

d. The work of the Holy Spirit: \_\_\_\_\_

**3. What do you believe the Bible teaches about each of the following areas?** Give scriptural evidence to support your answers and indicate what you practice:

a. Use of alcohol or tobacco: \_\_\_\_\_

b. Pre-marital Sex: \_\_\_\_\_

c. Homosexuality: \_\_\_\_\_

**4. Spiritual Biography:** Please summarize when and why you became a Christian and how you are growing in your Christian life now. (Feel free to attach a separate sheet if needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature or E-Signature**

I certify that these statements are true to the best of my knowledge. I authorize Journey Quest to request reference information on my behalf, and I waive any rights to examine any information a reference gives.

**Applicant's Signature:** \_\_\_\_\_

*Date:* \_\_\_\_\_

**Mail or email this form to:**

**Journey Quest**  
 PO Box 1722  
 Canon City, CO 81215  
***jq@journeyquest.org***

**Have Questions?** Email us, call us at **719-276-2227**, or visit **www.journeyquest.org**