

YELLOWSTONE ALLIANCE ADVENTURES THE JOSHUA PROJECT ~ MINISTRY OPPORTUNITIES

Dear Applicant,

Each year we endeavor to hire and train the best possible staff to work with and oversee the youth that come to our camping programs. I want to take this time to thank you for your interest in serving on our summer staff at Yellowstone Alliance Adventures. Enclosed is an application with information regarding our camp and programs.

We are looking for individuals who have a strong desire to grow in their walk with Jesus Christ and who are willing to invest six to ten weeks of their summer serving to help young people meet and grow in Christ. Please prayerfully consider your desire to serve with us at YAA this summer. We look forward to receiving your application and reference forms. We will then contact you about a personal interview. If you have any questions please call us at (406) 763-4727 or use e-mail: office@yaacamp.org.

Knowing that people are gifted differently, we offer a variety of jobs that each assist in the overall work of sharing Jesus and serving people. The following is a list of the positions that we have available this summer. Please indicate what your preferences are on the first page of your application.

- **Camp Counselors**
- **Assistant Program Director**
- **Worship Leaders**
- **Timothy Program Team Leaders**
- **Wilderness Skills & Challenge Course Instructor**
- **Kitchen Crew**
- **Maintenance/ Service Crews**
- **Photo/ Video Technician**
- **Other Responsibilities include...**
 - **Climbing wall, Archery, Riflery, Mountain Boarding, Camping skills, Crafts, Team Sports, Canoeing, Zip Line, Orienteering, Paintball and more.**

Dates for the 2012 Joshua Project are Thursday, May 31st through Sunday, July 29th. Opportunities for contract extensions are available on a person by person basis.

We are looking forward to the possibility of serving Christ through camping with you this summer.

Jim Hawthorne
Director

College Level Volunteer Staff ~ The Joshua Project

Thank you for your interest in joining our college Joshua Project at Yellowstone Alliance Adventures. The following contains some important information for you to know as you consider applying.

- ✦ One of the foundations of Yellowstone Alliance Adventures is to “Develop Leaders.” With this as a main goal we look to hire young adults that are committed to developing their own personal leadership skills.
- ✦ The Joshua Project for college students and young adults is designed to provide a variety of opportunities for people to be exposed to Christian ministry and encourage them to pursue a full-time vocational ministry. Participants will be given opportunities to deepen their walk with Christ by learning to serve Him in every aspect of camp life. As part of this program your experiences may include the following:
 1. Counseling a cabin of kids from grades 3rd – 12th
 2. Leading all-camp devotions
 3. Preparing and sharing your personal testimony, as well as learning a tool to lead a person to Christ
 4. Providing discipleship to a group of teenagers that participate in our High School Timothy Program
 5. Learn Christian service through duties involving food service, housekeeping, and grounds keeping
 6. Develop responsibility through performing daily assignments and duties
- ✦ While each of us has different strengths and interests, the intent of this program is to provide young adults with opportunities to discover their areas of giftedness and encourage them to pursue appropriate ministries.
- ✦ All staff will be screened for hiring in the same manner and must be willing to adhere to the same standards and expectations that guide all of our camp programs. Staff will be hired based upon ones spiritual walk with the Lord Jesus Christ, maturity, abilities in the field in which they are being hired, willingness to serve and the desire to become an able leader.
- ✦ There are two ways that a person can be a part of our summer staff. One is as a non-reimbursed volunteer and the other is as a reimbursable volunteer. Both will be provided room and board during their time of service.

A non-reimbursed volunteer staff member generally is only able to commit to a smaller amount of time during the summer. There is no monetary compensation for this role. All volunteers are expected to report to camp one (1) day prior to the actual start date for the camp that they will be serving. This early arrival enables the full-time staff to provide an overview and bring the volunteers up to speed on what is planned for the week(s) ahead.

A person serving as a volunteer staff member will not be covered under YAA’s workers compensation insurance. It is the responsibility of the applicant to provide proof of insurance prior to their acceptance into this program

A reimbursable volunteer staff member is one who commits to a minimum of eight weeks during the summer and is willing to send out a minimum of 75 letters of financial and prayer support with a goal of raising \$3,000. A reimbursable volunteer will receive financial compensation contingent on seniority, responsibilities, and level of support raised by all summer volunteers. The guaranteed minimum and maximum reimbursable rates follow:

Position	First Summer	Second Summer	Third Summer
Counselor	\$120 ~ \$300 / wk	\$130 ~ \$300 / wk	\$140 ~ \$300 / wk
Area Leaders	\$140 ~ \$300 / wk	\$150 ~ \$300 / wk	\$160 ~ \$300 / wk

- ✦ Each person will be brought on only after an application process to determine their qualifications and to agree upon the duration of their participation.

Enclosed is an application and information about our programs.

Please prayerfully consider your desire to serve with us at YAA this summer. We look forward to receiving your application and reference forms. We will then contact you about a personal interview. If you have any questions please call us at (406) 763-4727 or e-mail at office@yacamp.org.

Serving Christ through Camping,

Jim Hawthorne
Director

Yellowstone Alliance Adventures

The Joshua Project for College Students-Returning Application

13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ (406) 763-4727 office@yaacamp.org

Please type or print clearly when filling out this application. Once we receive your application and three reference forms we will contact you about a personal interview. Again we ask that you prayerfully consider your desire to serve with us this summer. We too will be praying for all our applicants and trust that God will bring a great staff together this summer!

Personal:

Name: _____

Address _____ City _____ State _____ Zip _____ Phone: _____ (____) _____

E-mail: _____ Age: _____ Birth date: _____ Gender _____

Shirt Size: XXL _____ XL _____ L _____ M _____ S _____ Soc. Sec. #: _____ - _____ - _____

Dates and reason you have to miss (MUST BE PRE-APPROVED): _____

Education

Year completed by May of this year: High School Level 1 2 3 4 College Level 1 2 3 4 Graduate 1 2 3 4

Employment

Please list most recent employer first.

Position Held	Employer/Supervisor	Phone #	Reason for Leaving	Dates: Start/Finish

Position Preference

Please identify your top three choices.

NOTE: All staff are expected to willingly serve at any time in any of the different needs that arise around camp.

- _____ **Camp Counselor**
- _____ **Assistant Program Director**
- _____ **Wilderness Skills and Challenge Course Instructor**
- _____ **Worship Leader**
- _____ **Maintenance/ Service Crews**
- _____ **Photo/ Video Technician**
- _____ **Kitchen Crew**
- _____ **Timothy Program Team Leader**

The Timothy Program: The Timothy program is YAA's high school discipleship training program.

Teens in the Timothy Program are responsible for serving summer camp programs by helping with food service, participating in facility work projects, running program areas, and providing all around service to the whole camp environment. Some eligible teens will serve as (CIT's) Counselors In Training

- _____ **Timothy Program Guys Leader**
- _____ **Timothy Program Girls Leader**

These leaders are responsible for directing the Timothy program and for living alongside the high school students in this program in a discipleship / leader role for approximately 6 weeks of the summer. You will mentor CIT's, assist in and supervise work projects and be responsible for coordinating devotions, Bible studies and group activities.

Miscellaneous Area Responsibilities: Please select and number your top 5 interests (1=highest, 5=lowest).

- _____ Team Sports/ Field Games
- _____ Mountain Boarding Instructor
- _____ Climbing Wall Instructor
- _____ Paintball Supervisor
- _____ Zip Line Supervisor
- _____ Craft Coordinator
- _____ Archery Instructor
- _____ Orienteering Instructor
- _____ Rifle Range Instructor
- _____ Disc Golf Instructor
- _____ Camping/Outdoor Skills Instructor

Gifts and Abilities

Please rate yourself using the following scale:

1= Lots of experience	2= Good ability	3= Limited skill/ability	4=Unfamiliar, but willing
Archery _____	Riflery _____	Rock Climbing _____	
Leading Worship _____	Guitar _____	Other Instruments _____	
Directing Skits _____	Sports/Field Games _____	Crafts _____	
Photo/Video _____	Physical Work _____	Mountain Boarding _____	
Kitchen Crew _____	Wilderness Skills _____	Paintball _____	
Disc Golf _____	Orienteering _____		

CPR certified? Yes / No ~ Expiration Date _____ First Aid certified? Yes / No ~ Expiration Date _____

Do you have any untapped resources we are not making the most of or is there an area of gifting we are not making room for you to use?

Please answer the following questions for us **on a separate sheet of paper**.

1. Why do you want to come to YAA again this summer?
2. How have you grown this past year?
3. What Christian activities do you now participate in?
4. What areas of Christian service have you been involved in this past year?
5. What expectations or hopes do you have for camp this summer?
6. What expectations or hopes do you think God might have for you this summer?

Personal Covenant

I have read YAA's statement of faith and I am willing to be subject to the camp rules and abide by the decision of the camp leadership for the current camping session at Yellowstone Alliance Adventures. I understand that this applies to each camp and for the days between camps. I choose to cooperate fully in every regard with the attitude of maximizing every opportunity available for spiritual growth. I have considered this matter prayerfully.

Signature of Applicant

Date

References

Please make sure that your references are not relatives.

Three reference forms are included with this application. Please stamp and address three envelopes and send one along with each form to the people you have selected. Ask them to return the form directly to Yellowstone Alliance Adventures.

Yellowstone Alliance Adventures ~ Adult Medical Record

Name _____ Date of Birth _____ Age _____ Gender _____

Parent/Guardian 1: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian 2: _____ Relationship: _____

Address (if different) _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal health / accident Insurance Company _____ Policy # _____

Policyholder name _____

Medical History

1. Have you had a physical examination within the last 18 months? Yes No If yes, Date _____

NOTE: We strongly recommend that you have a physical if you have not had one within the last 18 months.

2. When did you last have a tetanus shot? Date _____ **(This has to be current to attend!)**

3. Have you been told within the last year that you should avoid strenuous exercise and activities? Yes No
If yes, please explain. _____

4. Is a physician currently treating you? Yes No If yes, please explain: _____

5. Are you currently taking prescribed medication regularly? Yes No If yes, please explain including purpose, kind and dosage. _____

6. Are you on a restricted diet? Yes No If yes, please explain: _____

7. Have you lost consciousness during physical activity or suffered a concussion due to a head injury within the last year?
 Yes No If yes, please explain _____

8. Have you had any history of light-headedness, dizziness or fainting? Yes No If yes, please explain, noting any precipitating factors of which you are aware: _____

9. Do you currently have any illness which would limit physical activity? Yes No If yes, please explain: _____

10. Do you have any history of joint problems, i.e. sprains, strains, or fractures? Yes No If yes, please explain: _____

11. PLEASE NOTE: You will participate in a program which includes strenuous activity unless otherwise recommended by you. Do you know of any reason to restrict your full activity including swimming, long hikes, or strenuous activities?
 Yes No If yes, please explain: _____

12. Do you suffer from any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies (food/other) | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Infectious Mononucleosis | <input type="checkbox"/> Other |

If you checked any of the above please explain: _____

13. Will you be taking any medications during camp? Yes No If yes, please explain:

Type of Medication _____
Purpose _____
Dosage _____
Frequency _____
Side Effects _____

14. Do you have any drug-related allergies? Yes No If yes, please list: _____

15. Do you require any special medical or care-taking attention not addressed here? Yes No If yes, please explain: _____

I understand that I, _____ (name) will be participating in a lot of outdoor experiences and that many circumstances such as rain, snow and other mountain storms, trail conditions, and all natural occurrences are beyond the control of Yellowstone Alliance Adventures and/or the camp staff. I waive all rights to hold Yellowstone Alliance Adventures and/or camp staff liable for the natural occurrences and/or "acts of God."

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge.

In case of emergency:

I hereby grant permission to receive first aid and emergency treatment by the camp nurse and/or staff in the event of illness or injury, or by the hospital emergency room. I voluntarily waive any claims against Yellowstone Alliance Adventures, camp personnel, or other person(s) transporting me, against all liability, claims, damages, attorney fees and expenses arising out of any loss, personal injury, accident, misfortune, or damage to me or my property, with the understanding that reasonable precautions shall be taken to ensure my health and safety.

I give permission to the camp to administer the following over the counter medications as is considered appropriate by the camp staff. (Please check the following if you consent)

- | | | |
|--|--|---|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Benadryl* | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Advil (Ibuprofen) | <input type="checkbox"/> Imodium | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Day/Night Cold Caplets | <input type="checkbox"/> Maalox/Tums | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Allergy/Sinus Caplets | <input type="checkbox"/> Throat Lozenges | |

Having read and filled in the above, please sign below.

PERSONAL SIGNATURE _____ DATE _____

***Will be given in case of emergency as deemed necessary by nurse and/or trained camp staff.**

Anyone who may be working in close proximity of minors is required to be screened.

Criminal History Verification of Applicants

(Please type or print neatly)

Name: _____ Date of Birth: _____ Sex: M ~ F
Last First MI

Address: _____ Social Security # _____ - _____ - _____
City: _____ State: _____ Zip: _____

Section 1

- A. Have you ever been convicted of a sex-related crime? Yes No
If yes, was the conviction in Montana or in another state? Which state?

- If yes, did the crime involve force or minors? Yes No
- B. Have you ever been convicted of a crime involving violence or the threat of violence? Yes No
If yes, was the conviction in Montana or another state? Which state?

- C. Have you ever been convicted of a crime involving criminal activity or alcoholic beverages? Yes No
If yes, was the conviction in Montana or in another state? Which state?

- D. Have you ever been convicted of any other crime except a minor traffic violation? Yes No
- E. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by Yellowstone Alliance Adventures to verify the responses to the preceding questions.

I hereby grant Yellowstone Alliance Adventures permission to check civil or criminal records to verify any statement made on this form.

_____ X _____
Date Applicant's Signature

NOTICE: Regardless of whether the applicant grants consent, Yellowstone Alliance Adventures will conduct a criminal offender record check of the applicant for all positions working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. The applicant may obtain further information concerning their rights by contacting the Bureau of Labor and Industries, P.O. Box 1728, Helena, MT 59624, phone: (406) 444-3555.

I acknowledge receipt of this Notice.

_____ X _____
Date Applicant's Signature

NOTE: In order for YAA to process this request, applicant must sign one of the above statements.

Section 2: ONLY if you marked "yes" for any question in section 1, please complete section 2

Convicted of or charged with: _____
The state in which you were convicted or are now charged: _____
Date of conviction of charge made: _____
Court in which conviction was entered or case is now pending: _____
Rehabilitative program undergone: _____

Section 3 - All applicants complete this section

In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I further understand that a false statement on this form may be cause for disqualification of my application or dismissal of my employment or assignment. I hereby grant to Yellowstone Alliance Adventures to check civil or criminal records to verify any statement made on this form.

_____ X _____
Date Applicant's Signature

REFERENCE FORM

Employment History

List all present and past employment starting with most recent employer (last five years is sufficient).
Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____	Phone # () _____
Type of Business _____	Your supervisor's name _____
Street Address _____	City _____ State _____ Zip _____
Dates of Employment : From ____ / ____ / ____	To: ____ / ____ / ____
Your Position and Duties _____	
Reason for leaving _____	
May we contact this employer for a reference? ____ Yes ____ No	

Name of Employer _____	Phone # () _____
Type of Business _____	Your supervisor's name _____
Street Address _____	City _____ State _____ Zip _____
Dates of Employment : From ____ / ____ / ____	To: ____ / ____ / ____
Your Position and Duties _____	
Reason for leaving _____	
May we contact this employer for a reference? ____ Yes ____ No	

Name of Employer _____	Phone # () _____
Type of Business _____	Your supervisor's name _____
Street Address _____	City _____ State _____ Zip _____
Dates of Employment : From ____ / ____ / ____	To: ____ / ____ / ____
Your Position and Duties _____	
Reason for leaving _____	
May we contact this employer for a reference? ____ Yes ____ No	

Yellowstone Alliance Adventures Pastor / Youth Pastor ~ Confidential Reference

Applicant's name: _____

This person has applied to work at a Christian camp this summer. He/She will be in direct contact with young children as well as doing a lot of challenging projects in the camp kitchen and on the grounds. To help us determine the applicant's qualifications to serve on our summer staff, would you please give your evaluation on the following?

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent Spiritual Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the Bible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependence on Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living by the Word of God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you know the applicant? _____ In what capacity? _____

Would you be willing to place your child under the direct charge and influence of this individual?

Yes No Please Explain _____

Can you give any insights into this applicant's personality that will help us in leading and training them this summer?

What specific areas do you perceive this student needs to grow in?

Heart Attitudes ____ Spiritual Gifts ____ Biblical Understanding ____ Social Interaction ____

Specific Training in: Bible Study ____ Evangelism ____ Leadership ____

Please Explain _____

Please indicate your recommendation of this applicant:

Recommend Recommend with reservation Do not Recommend

All information on this reference will be kept confidential unless noted below.

You are free to share this information with the student if it will assist in their development.

Name _____ E-mail Address: _____

Church _____ Position _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

13707 Cottonwood Canyon Road ~ Bozeman, MT 59718-8991 ~ (406) 763-4727 ~ office@yellowstoneallianceadventures.com

Yellowstone Alliance Adventures

Teacher / Coach ~ Confidential Reference

Applicant's name: _____

This person has applied to work at a Christian camp this summer. He/She will be in direct contact with young children as well as doing a lot of challenging projects in the camp kitchen and on the grounds. To help us determine the applicant's qualifications to serve on our summer staff, would you please give your evaluation on the following?

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ In what capacity? _____

In what class did you have the applicant? _____

Do you feel the applicant works to the best of their ability? _____

If not, what reason would you give for this? _____

If you know about the applicant's family dynamics would you please comment on them? _____

Please describe the applicant's relationship with peers. _____

Would you be willing to place your child under the direct charge and influence of this individual?

Yes No Please explain _____

Please describe the applicant's strengths and weaknesses:

Strengths

Weaknesses

Please indicate your recommendation of this applicant:

Recommend Recommend with reservation Do not Recommend

Please use the back of this page for any additional comments you think would be important for us to know.

Name _____

School _____ Position _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please Mail or Fax this completed form to:

Yellowstone Alliance Adventures ~ 13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ Fax: (406) 763-4720

Yellowstone Alliance Adventures

Employer / Supervisor ~ Confidential Reference

Applicant's name: _____

This person has applied to work at a Christian camp this summer. He/She will be in direct contact with young children as well as doing a lot of challenging projects in the camp kitchen and on the grounds. To help us determine the applicant's qualifications to serve on our summer staff, would you please give your evaluation on the following?

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ In what capacity? _____

What was the applicant's attitude toward their work? _____

Do you feel the applicant works to the best of their ability? _____ If not, what reason would you give for this?

Would you rehire the applicant? _____ If not, please explain _____

Please describe the applicant's relationship with peers _____

Would you be willing to place your child under the direct charge and influence of this individual?

Yes No Please explain _____

Please indicate your recommendation of this applicant:

Recommend Recommend with reservation Do not Recommend

Please use the back of this page for any additional comments you think would be important for us to know.

Name _____

Business _____ Position _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

**Please Mail or Fax this completed form to:
Yellowstone Alliance Adventures ~ 13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ Fax: (406) 763-4720**