

Yellowstone Alliance Adventures
13707 Cottonwood Canyon Road
Bozeman, Montana 59718



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THE JOSHUA PROJECT ~ MINISTRY OPPORTUNITY

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 eight 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 at (406) 763-4727 or e-mail: tcanning@yacamp.org.

Dates for the 2016 Joshua Project are Monday, May 30th through Sunday, July 24th. 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
Executive Director

Timothy Canning
Program 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 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. Participants will be given opportunities to deepen their walk with Christ by learning to serve Him in every aspect of camp life.
- ✦ 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 three ways that a person can be a part of our summer staff. One is as a non-reimbursed volunteer. Another is as a reimbursable volunteer, in which there are two options for you to be reimbursed. All will be provided room and board during their time of service.

A non-reimbursed volunteer staff member There is no monetary reimbursement for this role. A person serving as a non-reimbursed 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

Option A - One who commits to the summer and agrees to raise funds for their entire reimbursement through Yellowstone Alliance Adventures with 25% of funds raised going to cover ministry expenses of YAA.

Option B - One who commits to send out a required minimum of 75 letters of financial and prayer support with a requirement of raising \$3,000-\$4,000. A reimbursable volunteer will receive financial reimbursement contingent on seniority, responsibilities, and level of support raised. The guaranteed minimum for all reimbursable volunteers is equal to \$1,000. Maximum reimbursable rates/required maximum fund-raising amounts follow.

<u>Position</u>	<u>1st Summer</u>	<u>2nd Summer</u>	<u>3rd Summer</u>	<u>4th Summer</u>
Counselor	\$2,400/\$3,000	\$2,500/\$3,000	\$2,600/\$3,200	\$2,700/\$3,400
Area Leaders	\$2,500/\$3,000	\$2,600/\$3,200	\$2,700/\$3,400	\$2,800/\$3,600

If the volunteer fails to meet the required fund raising goal by April 15th Yellowstone Alliance Adventures reserves the right to renegotiate the contract into Option A (as stated above) or to terminate the contract. Periodically before April 15th, YAA will review with the contracted volunteer the amount of funds raised and the process of fund raising. Together we will assess the situation and work toward a mutual agreement that would benefit both YAA and the volunteer.

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 tcanning@yacamp.org.

Serving Christ through Camping,

Jim Hawthorne
Executive Director

Tim Canning
Program Director

The Joshua Project for College Students

Please complete and mail or Fax (**Do not Email**) pages 3-13 to:

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

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 (mailing) _____ 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 4 College Level 1 2 3 4 Graduate 1 2 3 4

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**
- _____ **Sous Chef**
- _____ **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 Counselors In Training (CITs)

_____ **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 CITs, 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 | _____ Zip Line Supervisor | _____ Rifle Range Instructor |
| _____ Mountain Boarding Instructor | _____ Craft Coordinator | _____ Disc Golf Instructor |
| _____ Climbing Wall Instructor | _____ Archery Instructor | _____ Camping/Outdoor Skills Instructor |
| _____ Paintball Supervisor | _____ Orienteering 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 _____	
Worship _____	Guitar _____	Other Instruments _____	
Skits _____	Sports/Field Games _____	Crafts _____	
Photo/Video _____	Physical Work _____	Mountain Boarding _____	
Kitchen Crew _____	Wilderness Skills _____	Paintball _____	
Disc Golf _____	Orienteering _____	Mountain Biking _____	
Canoeing _____	Swimming _____	Fly Fishing _____	
Backpacking _____	Culinary _____	High/low Ropes _____	

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

Leadership Abilities

Do you have any experience leading children’s Bible lessons? If so, please describe, including age group, subject matter, and how long you were involved. _____

What leadership positions have you held in school, work, or as a volunteer? _____

Have you worked at a camp before? Please explain _____

Beliefs and Practices & Christian Involvement

How long have you been a Christian? _____

What church do you currently attend? _____

Years attended _____ Do you attend regularly? _____

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

1. Give a summary of your Christian experience, including your conversion, your present devotional practice, and your current spiritual growth.
2. What qualities do you have that would make you a good summer staff member?
3. What Christian activities or groups have you been involved in over the last few years?
4. Explain how a person can be saved and have eternal life.
5. How would your friends describe you?
6. Which people have had the greatest impact upon your life and why?
7. Have you been or are you currently involved in a discipling/mentoring relationship? Please describe.

Spiritual Autobiography

Please use a separate piece of paper to write your spiritual autobiography. Include how you became a Christian and any important decisions or experiences in your Christian life. We are particularly interested in how God has been working in your life recently.

Self-Evaluation

Please rate yourself using the following scale:

	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"/>

Please use the space below to describe or list your strengths and weaknesses:

Strengths

Weaknesses



The following pages outline Yellowstone Alliance Adventures mission, distinctive, statement of faith, and expectations for all Joshua members. Please read and sign. If you have any questions please contact Program Director, Tim Canning, (406-763-4727).

MISSION STATEMENT: To direct people to Jesus Christ and develop them to reflect his character.

DISTINCTIVES

Biblical Standards: God's Word, as contained in the Old and New Testaments, is the basis for our beliefs, values and decision making. Living and clearly explaining Biblical truths is our challenge, our responsibility, and the norm for those with Board of Director and staff positions.

Missions / Ministry Emphasis: We take seriously the mandate of Matthew 28:19 to "*go and make disciples of all nations*" as well as 2 Timothy 2:2 which encourages us to take what we have learned and "*entrust it to reliable people who will also be qualified to teach others.*" It is our commitment to reach non-Christians with the Gospel and to disciple Christians to have a heart for evangelism and to be effective in administering the Good News of Jesus in their spheres of influence.

OUTDOOR SETTING: We recognize that our outdoor setting offers unique opportunities for learning and growth to take place on intellectual, physical, spiritual, social and emotional levels. As such, we endeavor to both enjoy and maintain our natural surroundings as the setting through which to communicate the wonder and wisdom of God and His ways.

STAFFING: Yellowstone Alliance Adventures seeks men and women who desire to be and to build godly men and women; are self-starters; have high energy levels; and enjoy the outdoor setting.

CAMPING EXCELLENCE: Excellence is the standard for every area: health and safety, personnel, Bible teaching, instructional areas, overnight trips, food service, facility and equipment. Staff are encouraged to explore ways to improve every area of camp.

STATEMENT OF FAITH: We believe the following:

1. There is one God, who is infinitely perfect, existing eternally in three persons: Father, Son and Holy Spirit.
2. Jesus Christ is true God and true man. He was conceived by the Holy Spirit and born of the Virgin Mary. He died upon the cross, the Just for the unjust, as a substitutionary sacrifice, and all who believe in Him are justified on the ground of His shed blood. He arose from the dead according to the Scriptures. He is now at the right hand of the Majesty on high as our great High Priest. He will come again to establish His kingdom of righteousness and peace.
3. The Holy Spirit is a divine person, sent to indwell, guide, teach, empower the believer, and convince the world of sin, of righteousness and of judgment.
4. The Old and New Testaments, inerrant as originally given, were verbally inspired by God and are a complete revelation of His will for the salvation of people. They constitute the divine and only rule of the Christian faith and practice.
5. Human beings were originally created in the image and likeness of God: they fell through disobedience, incurring thereby both physical and spiritual death. All people are born with a sinful nature, are separated from the life of God, and can be saved only through the atoning work of the Lord Jesus Christ. The portion of the impenitent and unbelieving is existence forever in conscious torment; and that of the believer, in everlasting joy and bliss.
6. Salvation has been provided through Jesus Christ for all people; and those who repent and believe in Him are born again of the Holy Spirit, receive the gift of eternal life, and become the children of God.
7. It is the will of God that each believer should be filled with the Holy Spirit and be sanctified wholly, being separated from sin and the world and fully dedicated to the will of God, thereby receiving power for holy living and effective service. This is both a crisis and a progressive experience wrought in the life of the believer following conversion.

8. Provision is made in the redemptive work of the Lord Jesus Christ for the healing of the mortal body. Prayer for the sick and anointing with oil are taught in the Scriptures and are privileges for the Church in this present age.
9. The Church consists of all those who believe on the Lord Jesus Christ, are redeemed through His blood, and are born again of the Holy Spirit. Christ is the Head of the Body, the Church, which has been commissioned by Him to go into all the world as a witness, preaching the Gospel to all nations. The local church is a body of believers in Christ who are joined together for the worship of God, for edification through the Word of God, for prayer, fellowship the proclamation of the Gospel, and observance of the ordinances of baptism and the Lord's Supper.
10. There shall be a bodily resurrection of the just and of the unjust; for the former, a resurrection unto life; for the latter, a resurrection unto judgment.
11. The second coming of the Lord Jesus Christ is imminent and will be personal, visible, and . This is the believer's blessed hope and is a vital truth, which is an incentive to holy living and faithful service.

Christian Community Standards for Ministry Activities

The Rocky Mountain District (RMD) of the Christian and Missionary Alliance, of which Yellowstone Alliance Adventures is a part, is a community of faith that exists to exercise and express its biblical beliefs within the broader community of The Christian and Missionary Alliance (C&MA). These beliefs are grounded in a shared understanding of Holy Scripture including those beliefs and standards specifically addressed in the Manual of the Christian and Missionary Alliance (Manual).

The RMD shall engage in activities and use its facilities solely to exercise and express the biblical beliefs of the RMD and the C&MA and to further the mission of both. In furtherance of this mission, the RMD may provide services or goods to, and may allow use of its facilities by, other groups and persons who are not members or employees of the RMD. But no RMD activity, nor any use of RMD facilities by another group or person, may be conducted or permitted if the RMD determines that such activity or use expresses a message of support by the RMD for any view contrary to the biblical beliefs of the RMD and the C&MA.

The C&MA as a faith community has adopted over the years specific statements to biblically address cultural concerns in North America. These cultural concerns include but are not limited to divorce, marriage, human sexuality, and sanctity of life. The RMD affirms the biblical beliefs and standards expressed in each statement. Please contact us if you wish to review any of these statements.

Yellowstone Alliance Adventures Expectations for all Joshua members.

Have accepted Jesus Christ as their personal savior and have a strong desire and commitment to greater personal understanding and growth in their relationship with Him as their Savior and Lord.

Demonstrate examples of leadership involvement in their daily life and a commitment to developing necessary skills to effectively lead themselves first and others second.

Are seeking to uncover or pursue specific goals and direction for their future.

Commit to learn the ministry of YAA and participate as completely as possible. Each should take initiative and not wait to be told what to do. Develop a sense of ownership.

Enter into personal accountability with a full-time staff member and participate in the community life YAA offers.

Fulfill the stated terms and conditions of their volunteer contract.

Will abstain from any alcohol, tobacco and illegal drug use or any other impropriety during contract period.

JOSHUA project members can expect that YAA will:

Make an investment in your personal growth and development.

Provide you with tools and training in areas of hard and soft skills such as proper method to run our zip line and the sense for guiding small group dynamics.

Fulfill the stated terms and conditions of their volunteer agreement.

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

Please Include Recent Photo (Optional)

Yellowstone Alliance Adventures ~ Adult Medical Record

Name _____ Date of Birth _____ Age _____ Gender _____

Parent/Guardian 1: _____ Relationship: _____

Address (mailing) _____ 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 must 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: _____
Age 21 or over: Driver's License # _____ State: _____ Date Issued: _____ Date Expired: _____

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

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. Attach additional pages if needed.

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	

REFERENCE FORM

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. Please list the references below and return this form with your application.

Name of Pastor _____	Phone # () _____
Name of church _____	
Street Address _____	City _____ State _____ Zip _____

Name of Teacher/Coach _____	Phone # () _____
Name of school _____	
Street Address _____	City _____ State _____ Zip _____

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 _____	
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 known 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 _____

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 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