



YELLOWSTONE ALLIANCE ADVENTURES

Presenting Christ in an outdoor environment !

College Staff Returning Application Form

Thank you for your interest in joining our college staff again! The dates of the Joshua Project for this summer are June 4 – August 3. It is important for you to realize this is a commitment you will be making for this entire period of time, and you need to stay until the last day. Any need to be gone must be confirmed prior to acceptance. We will contact you after receiving this application form. Thanks!

Name _____ Age _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ ZIP _____ SSN # _____
E-mail Address _____
Dates I have to miss & reason _____
Shirt size _____ Year in School this Fall _____

Please indicate the position you wish to apply for:

<input type="checkbox"/> Program Director	<input type="checkbox"/> Lead Counselor
<input type="checkbox"/> Residential Camp Counselor	<input type="checkbox"/> Photography/Video-DVD Production
<input type="checkbox"/> Outdoor Adventure Camp Counselor	<input type="checkbox"/> Service Crew Leader (responsible for living and working alongside high school service crew, mentoring and supervising them)
<input type="checkbox"/> Worship/Drama Leader	

Please indicate your level of interest in responsibility in the following areas (1=high, 5=low):

You can mark more than one with the same number.

<input type="checkbox"/> Worship Leader	<input type="checkbox"/> Zip Line Supervisor	<input type="checkbox"/> Rifle Range Instructor
<input type="checkbox"/> Drama Leader	<input type="checkbox"/> Craft Coordinator	<input type="checkbox"/> Frisbee Golf Instructor
<input type="checkbox"/> Photography/Video Production	<input type="checkbox"/> Archery Instructor	<input type="checkbox"/> Sports/Games
<input type="checkbox"/> Climbing Wall Instructor	<input type="checkbox"/> Camping Skill Instructor	<input type="checkbox"/> Other: _____

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?

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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 _____ Spritual 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 _____

Yellowstone Alliance Adventures ~ Adult Medical Record

Name _____ Date of Birth _____ Age _____ Gender _____

Name of parents or guardians _____

Contact Phone numbers #1 _____ # 2 _____

Home Address _____ City _____ State _____ Zip _____

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 # _____

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 | <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: _____

PERSONAL SIGNATURE _____ DATE _____

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."

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

PERSONAL SIGNATURE _____ DATE _____