

Journey With Christ Work Application

www.JourneyWithChrist.org

This form supersedes all previous versions effective 1-22-2010

This section to be completed by the Journey with Christ
Amount Paid \$ _____ Check # _____
Assistance Approved \$ _____
Date of last screening _____

▼ 1. Journey with Christ Date/Number to Work

<input type="checkbox"/> Boys	Date	#
<input type="checkbox"/> Girls		
<input type="checkbox"/> Young Adult		

Workers 18 Years and older must have an up-to-date Adult Screening Questionnaire and Covenant Form on file with Journey with Christ. If you have not completed the form within the last two (2) years, you may not be eligible to work until a completed has been submitted.

Please send me this form. Form also available on web at www.JourneyWithChrist.org

▼ 2. As a Worker on this Journey with Christ Weekend, I

Praise God and to do God's will, not mine.

Be a window of Christ to Caterpillars by displayed Christian discipleship, love, and acceptance of others.

Demonstrate true leadership, by showing loving concern; by being a guide and not a counselor; and by being a good listener.

Work so that when the Journey with Christ weekend is over, the caterpillars will be able to say " I came looking for Christ and found Him."

Submit my heart and soul to Jesus Christ so that He might complete His work within me.

▼ 3. To be Filled Out by Worker

Full Name: _____ Adult Male
 Youth Female Age _____ Phone: _____ - _____ - _____

Mailing Address: _____ City/State: _____ Zip: _____

E-mail Address: _____ Date/Number of Journey or Walk Made: _____

Church/Youth Group of Regular Attendance: _____ Have You Worked a Journey/Flight/Walk Yes No Are You Sponsoring Yes No

Candidate Name: _____ I Prefer To Work Not to Work In This Area: _____

Past Team Experience: _____

Do you want a weekend photo in your fourthday packet Yes No

Special Requirements/Medications. List all health/dietary needs, limitations, allergies and medications. List over the counter and prescription medications that you will need to take during the weekend. All medications brought to the weekend must be in their original container: (It is your responsibility to take medication as directed.)

Signature: _____ Date: _____

▼ 4. To be Filled Out by Parent or Guardian of Worker (ages 17 and younger)

The above worker has my permission to participate in a Journey weekend. Please let us know if there is anything that could call into question your son/daughter working with other youth. I give my permission for the Journey with Christ, in the event of an emergency and if I cannot be reached by phone, to secure the emergency services of licensed medical professionals to provide the care necessary for my child's well being. I agree to release any medical records necessary for insurance purposes.

Full Name: _____ Phone: _____ - _____ - _____

E-mail Address: _____ Insurance Company: _____

Alternate Emergency Contact: _____ Phone: _____ - _____ - _____

Signature: _____ Date: _____

▼ 5. To be filled Out by Worker's Pastor/Youth Group Leader

Is there any fact or circumstance involving this person that would call into question them being entrusted with working with youth? If NOT, please sign and return to person applying to work on a Journey with Christ event. If so, please don't sign. You may contact one of our Spiritual Advisors should you have questions or concerns. They are listed on our website at www.JourneyWithChrist.org

Full Name: _____ How Long Have You Known This Person: _____

Pastor's/Youth Group Leader's Signature: _____ Church/Youth Group: _____

▼ 6. Mail Completed Form with Payment

Journey with Christ, Registrar
4614 Snowy Owl Court, West Richland, WA 99353-9585
Phone Number: (509) 967-9604

Make enclosed checks payable to: Journey With Christ
Written requests for financial assistance must be sent to the President of Journey with Christ, including the reason for the request.
Adult Workers, ages 25 and older, \$75
Youth Workers, ages 24 and younger \$50