

# MISSION SPRINGS OUTDOOR EDUCATION

## *Staff Application*

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Are you a citizen of the US? \_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do you have a commercial drivers' (Class B) license? \_\_\_\_\_

Do you have any traffic violations on your current driving record? \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

Have you ever been denied the right to work with children in any capacity? \_\_\_\_\_

IF YOU ANSWERED YES TO EITHER QUESTION IN THIS BOX, ATTACH AN EXPLANATION.

Is Jesus Christ your Lord and Savior? \_\_\_\_ What church do you attend? \_\_\_\_\_

How long have you attended there? \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been to Mission Springs before? \_\_\_\_ In what capacity? \_\_\_\_\_

Do you play a musical instrument? Y N Which one(s)? \_\_\_\_\_

Please list any current licenses or certifications below (EMT, CPR, etc.)

\_\_\_\_\_

What are your long-term career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION SUMMARY

SCHOOL	SCHOOL NAME	MAJOR	YEARS	DEGREE, DATE OF GRADUATION
UNDER-GRADUATE				
GRADUATE				
OTHER:				

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

1. Describe your relationship and personal commitment to Jesus Christ.
2. What are you currently doing to grow in your Christian walk?
3. How do you share Christ with others?
4. Why do you want to work for Mission Springs Outdoor Education?
5. How do you think that outdoor education is valuable academically and spiritually?
6. How would a good friend describe your personality?
7. What are two of your strengths and two of your weaknesses?
8. How would a student describe your teaching style?
9. Outdoor education ministry can be taxing, both physically and spiritually. How do you plan to “refill”?
10. Is there anything else you would like us to know about you?

## PERSONAL REFERENCES

List 4 individuals that you intend to use as personal references. Do not use relatives.  
Please make sure that all information is current.

### Employer/Teacher

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### Employer/Teacher

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### Pastor/Christian Worker

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### Pastor/Christian Worker

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY** (list most recent job first, including paid ministry experience)

Employer/Company	Position	Dates	Supervisor	Phone #
Responsibilities:				
Responsibilities:				
Responsibilities:				

**VOLUNTEER MINISTRY EXPERIENCE**

Organization	Position	Age group served	Dates	Supervisor	Phone #
Responsibilities:					
Responsibilities:					

## TEACHING EXPERIENCE

*Please rate the following by writing 1-5 in each box.*

**1 = no experience, very uncomfortable leading**

**2 = limited experience, uncomfortable leading**

**3 = some experience, slightly uncomfortable leading**

**4 = experienced, comfortable leading**

**5 = very experienced, very comfortable leading**

Classroom teaching		Gardening		Ecology	
Outdoor teaching		Animal care		Marine science	
Leading songs		Large group games		Wildlife biology	
Leading hikes		Group initiatives		Forestry	
Skits, plays		Outdoor living skills		Bible study	

*The purpose of Mission Springs is to boldly present the Gospel of Jesus Christ to young people, families, and adults through innovative, relevant, and high-quality retreat and camping experiences, and to challenge them to become Christians committed to knowing, living, and sharing a compelling faith.*

YES    NO

\_\_\_\_\_    \_\_\_\_\_ I would consider it a privilege to undertake any responsibility assigned to me by leadership. I agree to follow all present and subsequently issued policies and expectations of Mission Springs.

\_\_\_\_\_    \_\_\_\_\_ I certify that I am in good health and have no chronic conditions that would limit my ability to perform my duties. I can lift over 50 pounds and withstand a dusty work environment.

\_\_\_\_\_    \_\_\_\_\_ I authorize my former employers and references to give information concerning me, whether or not it is on their records. I release them and their companies from any liability whatsoever.

\_\_\_\_\_    \_\_\_\_\_ I certify that all statements on this application are accurate, and I realize that any falsification of this or any other personal record will result in my discharge.

\_\_\_\_\_    \_\_\_\_\_ I will produce my drivers' license and original social security card upon arrival to fulfill the I-9 requirement for employment eligibility.

**I am available to begin work on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.**

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

**Mail or fax this completed application to:**  
 Mission Springs Outdoor Education  
 1050 Lockhart Gulch Rd., Scotts Valley, CA 95066  
 Phone: 831-335-3205 Fax: 831-335-7726

