

# **STAFF APPLICATION**

Thank you for your desire to serve at Quest this year. To serve on Quest staff, you must be a young man at least 16 years old and be willing and available to serve the Lord this summer from June 30 through August 11. If this describes you, we invite you to complete this application packet and return it to us. We will then contact you with further information and instructions.

## **Completion Checklist**

- Leadership Application
- Parent's Questionnaire
- Health Form
- Liability Release
- Sealed Reference Form from a pastor, youth leader, or teacher.
- Personal photograph taken within the last 6 months.
- Family photograph taken within the last 12 months.

Return the above to us at:

**Quest - Attn: Leadership Application**  
**One Academy Blvd.**  
**Big Sandy, TX 75755**

If you have any questions, please call us at **(903) 636-2000 ext. 2777** or email us at [quest@alertacademy.com](mailto:quest@alertacademy.com). Your information will be kept confidential.

## **Personal Information**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Spiritual Gift: \_\_\_\_\_

Shirt Size (adult sizes):     XS     S     M     L     XL

## **Background**

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Parent's Names: \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

\_\_\_\_\_

Family Email: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_



Please write a brief personal biography:

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### **Personal Character**

When did you become a believer? \_\_\_\_\_

What do you base your hope of salvation on? \_\_\_\_\_

How often do you have a regular time of prayer and Bible reading?

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List your major expenditures over the last month: \_\_\_\_\_

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Outside of school, work, and sleep, what three things take up the most of your time?

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### **Leadership Experience**

In what areas are you currently leading? \_\_\_\_\_

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Who are you influencing? \_\_\_\_\_

Who are your primary influences? \_\_\_\_\_

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Describe a recent success and how you responded: \_\_\_\_\_

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Describe a recent challenge and how you responded: \_\_\_\_\_

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## Personal Gifting

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What do others say are your three major strengths? \_\_\_\_\_

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What do others say are your three biggest weaknesses? \_\_\_\_\_

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List your past leadership experiences:

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## Personal Vision

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Using additional paper, answer each of the following questions with at least 500 words each:

- 1) What is leadership?
- 2) In 50 years, what will you have done to change the world?
- 3) On a day-to-day basis, what is your central goal in life?

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Name: \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**INSURANCE INFORMATION**  None (Please attach a photocopy of the insurance card).

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's date of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's date of birth: \_\_\_\_\_

**PERSONAL PHYSICIAN OR HEATH-CARE PROVIDER:**

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

**MEDICAL HISTORY**

(Please explain any checked boxes on a separate piece of paper)

Past	Present	Past	Present	Past	Present
<input type="checkbox"/>	<input type="checkbox"/> Appendectomy	<input type="checkbox"/>	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/> Heat-related illness
<input type="checkbox"/>	<input type="checkbox"/> Hypertension	<input type="checkbox"/>	<input type="checkbox"/> Medication allergies	<input type="checkbox"/>	<input type="checkbox"/> Surgeries
<input type="checkbox"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Heart problems
<input type="checkbox"/>	<input type="checkbox"/> Seizures	<input type="checkbox"/>	<input type="checkbox"/> Food allergies	<input type="checkbox"/>	<input type="checkbox"/> Serious injuries
<input type="checkbox"/>	<input type="checkbox"/> Broken bones	<input type="checkbox"/>	<input type="checkbox"/> Eye problems	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis
<input type="checkbox"/>	<input type="checkbox"/> STDs	<input type="checkbox"/>	<input type="checkbox"/> Other allergies	<input type="checkbox"/>	<input type="checkbox"/> Recurring injuries

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Other Allergies: \_\_\_\_\_



# Quest STAFF APPLICATION

## Parent's Questionnaire

Describe your son: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your son? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your son's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your son's greatest weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who, besides you, are currently mentoring/influencing/disciplining your son?  
\_\_\_\_\_  
\_\_\_\_\_

Who is your son mentoring/influencing/disciplining? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Quest STAFF APPLICATION

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## Letter of Reference

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*Thank you for taking the time to fill this out. Please complete it, add any additional comments you may have on the back, and return in a sealed envelope to the applicant. If you have any questions or concerns, please email us at [quest@alertacademy.com](mailto:quest@alertacademy.com) or call us at (903) 636-2000 ext. 2777.*

Applicant's name: \_\_\_\_\_

Describe the applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you say is the applicant's driving passion? \_\_\_\_\_

\_\_\_\_\_

What are his primary strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are his primary weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you recommend this young man for a leadership position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature: \_\_\_\_\_

Your name (print): \_\_\_\_\_

Phone number: \_\_\_\_\_