# **Staff Application**

# Youth Program Mentor Positions



With your application, please include the following: ☐ Your current resume, including at least two reference contacts ☐ Answers to the four essay questions listed below ☐ A copy of your medical certifications (or a plan for getting these certifications) Application for: \_\_\_\_ Program Coordinator \_\_\_\_ Program Mentor \_\_\_\_ Program Apprentice Please review the job descriptions in the "Get Involved/Join Our Team section of our website. Date: Name: Social Security #: Phone #: ( ) Address: \_\_\_\_\_ Email Address: Are you 18 years of age or older? \_\_\_\_\_ Are you 25 years of age or older? \_\_\_\_\_ How were you referred to Rite of Passage Journeys? \_\_\_\_\_ Do you have any relative who is employed by Journeys? Is there any information we would need about your name, or use of another name, for us to check your record? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_ First Aid Training: What is your highest level of wilderness medical or first aid training – current or planned? Provider: \_\_\_\_\_ Exp. Date: \_\_\_\_

## **Wilderness Experience:**

and Miles, Type of Trip – Guide, Participant or Personal, and Highlights from the trip.
1.

2.

3.

4.

# **Essay Questions** (please write at least one paragraph to each question)

- 1. Why do you want to work with Rite of Passage Journeys? What youth program(s) would you like to apply for? (please include dates and titles of programs)
- 2. What has been your most satisfying experience working with youth?
- 3. What has been the most challenging decision you've made during an outdoor trip or experience?
- 4. What do you think will be the greatest gift you will bring to your work with us?

## Applicant's Statement:

I understand the Rite of Passage Journeys follows an 'employment at will' policy for both volunteers and staff, and that I or Journeys may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this 'employment at will' policy cannot be changed verbally or in writing unless the change is specifically authorize in writing by the Executive Director of this organization. I understand that this application is NOT a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that Journeys will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage by providing this information.

I understand that if I am hired, my continued employment may be conditioned upon Journeys receipt of satisfactory reports from the WA State Patrol, the Department of Motor Vehicles and Licensing and other background checks.

I understand this application will be active for a period of six months, after that time, if I wish to be considered for employment, I must submit a new application.

a two and confirmations that any falaification or willful aminaise aball be sufficient or

dismissal or refusal of employment.	and	understand	tnat	any	Taisification	or	WIIITUI	omission	snaii	ре	sufficient	cause	tor
Signature							Date						