



Reaching A World Of Teenagers Since 1976
CAMPING * STUDENT GROUPS * MINISTRY TEAMS * GLOBAL EVANGELISM

293 Rich Road, Somerset, Pennsylvania 15501
Phone: 814-444-9500 Fax: 814-444-8664 Web: www.TeenQuest.org

Thanks for your interest in volunteering. Please fill out the following information completely and accurately.

Name _____ Email _____@_____

Phone (____) _____ Cell Phone (____) _____

Address _____ Zip _____

Talents and Training:

Do you hold a valid drivers license? [] YES [] NO

Have you ever been treated for a nervous, mental or emotional disorder? [] YES [] NO
If yes, when ? _____ What was the nature of the disorder? _____

Have you used narcotics, hallucinogens, or drugs not prescribed by a physician? [] YES [] NO
If yes, when was the last time and to what extent? _____

Have you been previously convicted of a felony or misdemeanor? If the answer is yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances. [] YES [] NO

References:

Please list two people who you know well whom we can contact for references. No relatives please.

Name _____ Name _____
Address _____ Address _____
City _____ City _____
State/Zip _____ State/Zip _____
Phone _____ Phone _____

I declare by my signature below that to the best of my knowledge, all this information in this application is true and complete. I also authorize you to make any necessary inquiries. I hereby release employers, schools, or person from liability in responding to inquiries in connection with my application.

Signature _____ Date _____

IN ADDITION TO THIS FORM, WE WILL NEED A COMPLETED TEEN QUEST RELEASE FORM (Can be obtained from our website) AND CHILD CLEARANCE:

Child-line and Abuse Registry Department of Public Welfare P.O. Box 8170 Harrisburg, PA 17105-8170