



Journey with Christ

ADULT Worker Registration

This form supersedes all previous versions, effective 09-26-2016
This section to be completed by the Journey with Christ Registrar

Amt Pd: \$ _____	Ck#/Cash/MO# _____
Asst App \$ _____	Screening Date: _____

(This form is for workers age 18 and older ONLY. Younger applicants should use the Minor Work Application available on the website)

www.JourneyWithChrist.org

▼ 1. Journey with Christ Date/Number Requested to Work

(Subject to availability. Please submit form at least 2 weeks in advance)

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

Workers 18 years & 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 three (3) years, you may not be eligible to work until a completed form has been submitted.

Send me this form. Form also available online at www.JourneyWithChrist.org

▼ 2. To be filled out by the Servant-Worker: (Please PRINT clearly)

Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____	Date of birth: _____
Mailing Address: _____	City/State/Zip _____		
Email Address: _____	Phone: () _____		
Home Church: _____	Church City/State: _____		
Have you worked a Journey before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you prefer to work?		
Have you worked a Walk before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is this on request of the director(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Team placement is subject to change)		
Past Journey team experience: (Please list all previous experience)			
When did you make your:	<input type="checkbox"/> Journey Month & Year/Number: _____	Do you want a weekend photo in your 4 th Day Packet?	
	<input type="checkbox"/> Walk Month & Year/Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you sponsoring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Caterpillar Candidate Name: _____		

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 the original container. (It is your responsibility to take medications as directed). *This information will only be used for this weekend and not be retained in any form.:*

▼ 3. Emergency Contact Information – Please provide a contact regardless of your age

Emergency Contact Name: _____	Phone: () _____
Emergency Contact Relation: _____	

▼ 4. Journey with Christ Statement of Faith – by signing below, you acknowledge your desire to abide by this statement.

We believe in one God, the Father, the Almighty, maker of heaven and earth, of all that is seen and unseen. We believe in one Lord, Jesus Christ, the only Son of God, eternally begotten of the Father, God from God, Light from Light, true God from true God, begotten, not made, of one Being with the Father. Through Him all things were made. For us and for our salvation He came down from heaven: by the power of the Holy Spirit He became incarnate from the Virgin Mary, and was made man. For our sake He was crucified under Pontius Pilate; He suffered death and was buried. On the third day He rose again in accordance with the Scriptures; He ascended into heaven and is seated at the right hand of the Father. He will come again in glory to judge the living and the dead, and His kingdom will have no end. We believe in the Holy Spirit, the Lord, the giver of life, who proceeds from the Father and the Son. With the Father and the Son he is worshiped and glorified. He has spoken through the Prophets. We believe in one holy Christian and apostolic Church. We acknowledge one baptism for the forgiveness of sins. We look for the resurrection of the dead, and the life of the world to come. Amen.

With this as the foundation of our faith, we proclaim: We believe in the inspired Word of God, as our authority of faith and practice. We believe in the Trinity. One God manifested in three persons: Father, Son, and Holy Spirit. God is our Father, Creator and Sustainer of life. Jesus Christ is true God and true man. He is the only way to the Father because of His unique birth, life, death, resurrection, and ascension. The Holy Spirit is equally God whose ministry is to convict, indwell and empower every Christian. We believe man (Genesis 5:1-2) was created in God's image, but through Adam's fall, we inherit a sin nature. Personal salvation is attained only through the acceptance of Jesus Christ as Savior. Discipleship, growth, and accountability in Christ are necessary for every believer. We believe that God's prevenient, justifying, and sanctifying grace which draws us into divine relationship, must be claimed as an act of faith, and is perfected through the power of the Holy Spirit. Baptism and Communion are the outward and visible signs of this inward and spiritual grace. We believe in the local church. We believe that the local church is Christ's witness to the world. We support the local church by nurturing and encouraging dedicated Christian leaders by promoting unity, inspiration, and fellowship with Christ.

Servant Signature:	Date:
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NOTE : The following section is a mandatory part of the adult screening process. It must be completed and the Registration Form submitted before the Journey begins.

▼ 5. Applicant's Declaration in Lieu of Background Criminal Check & Authorization to Complete Background Check

I declare under the laws of the State of Washington that the foregoing is true and correct and that I have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding restricting access to minor in lieu of conviction for any other felony or misdemeanor since the last time I worked on a journey. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes perjury and/or false swearing under RCW 9A.72.050 of the Revised Code of Washington State. Any false statement may also be grounds for denial, suspension, revocation or other disciplinary action by the board of Journey with Christ. I am solely responsible for this certification and I hereby give permission to the board of Journey with Christ to verify any of the above information at any time before the journey or after the journey I seek to serve in. I also give permission to the registrar of Journey with Christ to receive any information maintained by the Washington Access to Criminal History (WATCH) or equivalent process in any other state or country.

Servant Signature:	Date & Location:
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▼ 5. Mail or email completed form at least two weeks prior to event to:

Journey with Christ, Gerry Griffin - Registrar
c/o 5706 Hilo Ct., West Richland, WA 99353
Phone: (509) 438-6619 --- email:
JourneyRegistrar@gmail.com

Make enclosed checks payable to: Journey with Christ.
Workers age 25 and older - \$85
Workers age 24 and younger - \$50

Written requests for financial assistance must be sent to the President of Journey with Christ, including reason for request, at least two weeks prior to the Journey. Contact information for the President may be found on the website

**Journey emergency contact number:
1 (877) 353-6709**