



{Journey Life Guide Application}

Date: _____

Name: _____

(First Middle Last)

Please print below how you would like your first name to appear on your name tag:

(Address, City, State, Zip)

(Phone)

(email)

Do you have any criminal records affecting civil services? Yes No

If yes, please explain:

Please list your most recent work and/or volunteer experience:

Please list special skill, training, interests, and hobbies:

Please list volunteer aspects, ideas, or expertise in which you are most interested:

Are there any work activities that you must avoid?

How did you learn about our volunteer program?

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REFERENCE/EMERGENCY CONTACT:

Name: _____

Address: _____

Name: _____

Address: _____

TIME AVAILABLE FOR VOLUNTEER WORK

Hours per week: _____ Regularly each week? Yes _____

Phone: _____

Phone: _____

No _____

Preferred days (check): Monday Tuesday Wednesday Thursday Friday Weekends

Preferred hours: _____

Date available to begin: _____

SIGNATURE: _____ DATE: _____

Please complete:

1. Transferable Skills Checklist-Section 2-Skills/VA
2. Spiritual Assessment-Section 3-Spiritual Assessment/VA
3. Two references (personal)-Section 4-References/VA

Please return this application to:

Journey pregnancy & life hub

19715 LaGrange Road

Mokena, IL 60448

TRANSFERABLE AND ADAPTIVE SKILLS CHECKLIST

The following list contains transferrable skills (skills that can be transferred from one occupation to another) and adaptive skills (traits/characteristics).

1. For the transferable skills, place an "X" in the boxes next to the skill according to the following:

- Place an X in the "Do Well" column for skills that you "Do Well", whether you like to do them or not.
- Place an X in the "Enjoy" column for skills you like doing, even if you feel you do not do them well.
- A skill may have one, two or no "X"s in the boxes.

TRANSFERABLE SKILLS	Do Well	Enjoy
Working with Things		
Using my hands		
• Assembling parts or pieces		
• Constructing or building		
• Operating tools, machinery, or equipment		
• Showing manual or finger dexterity		
• Handling things with precision and/or speed		
• Fixing or repairing		
• Muscular coordination or athletic ability		
• Physical stamina		
Using my senses		
• Observing or surveying		
• Examining or inspecting		
• Diagnosing or determining		
• Paying attention to detail		
Working with Data		
Using numbers		
• Taking inventory		
• Counting or tracking things		
• Calculating or manipulating numbers		
• Processing data in a computer		

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	Do Well	Enjoy
• Keeping financial records or bookkeeping		
• Managing money		
• Developing a budget		
• Memorizing numbers		
• Attending to details		
• Classifying, recording, storing, or retrieving information		
Using Follow-Through		
• Utilizing what others have developed		
• Implementing processes or programs		
• Following through on plans or instructions		
Working with Ideas		
Using words		
• Reading with comprehension		
• Writing letters, reports, or other documentation		
• Editing or revising		
• Memorizing names or other information		
• Speaking to capture attention		
• Teaching or training		
• Translating or interpreting		
Using Intuition		
• Showing foresight, planning ahead, predicting consequences		
• Quickly sizing up a person or situation accurately		
• Having insight		
• Acting on gut reactions		
• Ability to visualize third-dimension		
Using Analytical Thinking or Logic		
• Researching and gathering information		
• Analyzing components or pieces		

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	Do Well	Enjoy
• Organizing or classifying		
• Problem-solving		
• Separating important from unimportant		
• Diagnosing or trouble shooting		
• Systematizing, putting things in order		
• Comparing or perceiving similarities/differences		
• Testing or screening		
• Reviewing, evaluating, improving		
Using Originality or Creativity		
• Imagining or figuring out new ways to do things		
• Inventing, designing, or creating new processes/products		
• Developing new concepts		
• Improvising or trying new things		
• Adapting and improving		
Using Artistic Abilities		
• Shaping things or materials		
• Creatively using symbols or images		
• Creatively using spaces, shapes, or faces		
• Creatively using colors		
• Conveying feelings/thoughts through body, face, or voice		
Working with People		
Using Helpfulness		
• Helping someone in need		
• Showing sensitivity to others' feelings		
• Listening with empathy		
• Developing rapport		
• Conveying warmth, caring, or understanding		
• Motivating, encouraging, or supporting		

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	Do Well	Enjoy
• Advocating or representing others' wishes accurately		
• Raising others' self-esteem		
• Healing or curing		
• Counseling		
• Guiding, advising, or mentoring		
Using Leadership		
• Beginning new tasks, ideas, or projects		
• Initiating contact with new relationships		
• Leading or directing others		
• Initiating change		
• Making decisions		
• Taking risks		
• Speaking or presenting in front of a group		
• Selling or promoting		
• Persuading or negotiating		
Other Transferable Skills you do well or enjoy:		
1.		
2.		
3.		
4.		
5.		

2. For adaptive skills, place an "X" in the "always" box if you always display or use that skill or place an "X" in the "Sometimes" box if you use the skill "sometimes."

ADAPTIVE SKILLS	Always	Sometimes
• Accept supervision		
• Get along with others/co-workers		
• Finish tasks on time		
• Reliable/dependable		
• Hard working		
• Honest		
• On time		
• Productive		
• Ambitious		
• Assertive		
• Cheerful		
• Conscientious		
• Creative		
• Eager		
• Efficient		
• Enthusiastic		
• Expressive		
• Flexible		
• Formal		
• Friendly		
• Helpful		
• Humble/Modest		
• Imaginative		
• Independent		
• Intuitive		
• Learn quickly		
• Mature		
• Methodical		
• Meticulous		

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	Always	Sometimes
• Open-minded		
• Original		
• Patient		
• Persistent		
• Practical		
• Resourceful		
• Self-confident		
• Sense of humor		
• Sincere		
• Spontaneous		
• Tactful		
• Tenacious		
ADAPTIVE SKILLS		
• Trustworthy		
• Versatile		
• Organized		
• Willing to learn new things		
Other Adaptive Skills you use "always" or "sometimes":		
1.		
2.		
3.		
4.		
5.		

Mentor Interview Questions

Prospective Guide: _____ Date: _____

Motivation

1. What motivated you to want to become a Journey Guide (mentor)?

2. What do you feel a Journey Guide should be expected to do?

3. What are your expectations of this experience?

4. Have you volunteered in the past? If yes, what did you do, how long did you volunteer and what was your motivation for volunteering? Please be descriptive.

5. Describe a relationship you had with an adult in your past or currently that has made a significant impact on your life.

Background

6. What is and was your family like? (Personality, employment, location, relationship ,roles, values, and discipline)

7. How did members of your family communicate and/or problem solve?

8. What was your adolescence like? (check one) Healthy Satisfactory Painful
Do you feel you have worked through, resolved, any painful issues?



9. Overall, what was your experience in high school like? (Activities, academic achievement, social interaction).

10. What was your overall college experience like? (Degree, activities, financed, academic achievement, and social interactions).

11. Any past military or government experience?

Stability

12. How long have you lived in the area? If not, how far do you live from Journey (Mokena)?

13. What is your present living situation?

14. Are you planning any "major life" changes in the next year?

15. What is your current employment or school situation?

If employed:

16. What is your typical schedule? How much overtime and/or traveling are a part of your job?

17. What do you enjoy about your job; what would you change?

18. Do you have any short or long term goals with your current employer? What are you doing to attain those? Are you actively seeking another job or a job transfer in the near future?

19. What is your relationship with your co-workers? How do you resolve conflicts in the workplace?

Appropriateness

20. What is your status regarding relationships? (check one)

Single Dating Engaged Married

If single:

21. Have you had any significant dating relationships in the past? Describe the communication and ending of those relationships.

22. Are you currently dating? (length of relationship, commitment)

If applies:

23. What is your relationship with your partner/spouse?

24. What were your initial expectations of the relationship and the current expectations?

25. Have you spoken with your partner/spouse about Journey? How do they feel about your involvement with the program?

26. Do you have children or have any plans to have children during the next year?

If you have children:

27. What are your children's names, ages, and current life situations?

28. What is your relationship like with your children?

29. How do you discipline your children?

Personality

30. Who do you consider your closest friends? Why are they your closest friends and what are their ages?

31. What behaviors or attitudes of others get on your nerves? How do you handle these situations where you to encounter them?

32. What are your strengths? What are areas you are trying to improve on?

33. What makes you angry? Give an example of the last time you were upset and how you handled it.

34. How do you cope with anger and stress?

35. Describe your personal values or belief system.

36. What are your beliefs regarding spirituality/religion?

Safety

37. Were you ever involved, arrested, or convicted of a misdemeanor or felony? If yes, please explain the incident and circumstances surrounding your involvement.

38. Have you ever committed an act that you could have been arrested for? If yes, please explain the incident and circumstances surrounding your involvement.

39. Do you have any medical problems or limitations that would affect your ability to volunteer?

40. Have you ever sought professional counseling? If yes, when, what were the circumstances, with whom, and do you feel there was a resolution to the issues(s)?

41. Were you ever physically, emotionally, or sexually abused as a child or adult? Please only answer if you feel led-all answers will be strictly confidential.

42. Do you know anyone who has been abused?

43. Have you ever been hospitalized for a mental ailment or been in treatment for substance abuse?

44. How do you occupy your free time?



45. What are your other commitments throughout the year? How do you keep track of those?

46. Is there anything else that we should know about you that would help us in matching you with a client?

47. What are your views on life? Are you pro-life, pro-choice, or unsure? Please explain why you feel this way.

48. What are your views on adoption?

49. What are your views on abortion?

50. Are there areas about abortion that you are not sure where you stand?

51. Have you read Journey's overview, mission and objectives? Are you in agreement and willing to represent all of Journey's objectives to revere life and support young mothers and families?

Spiritual Health Assessment

For the following questions, put an x below the number that represents your actual behavior. The scale is:

- 1=not at all
- 2=rarely
- 3=half of the time
- 4=often
- 5=all the time

Worship: Surrendering Your Life for God's Pleasure					
Pleasing God with my life is my highest priority	1	2	3	4	5
I prepare myself and fully engage in corporate worship	1	2	3	4	5
I come to church because I really want to	1	2	3	4	5
I expect to engage with God in worship	1	2	3	4	5
I spend time each day in private worship of God	1	2	3	4	5
I offer myself to God in full surrender (Romans 12:1)	1	2	3	4	5
I present my mind to God daily for renewal (Romans 12:2)	1	2	3	4	5
I satisfy myself regularly with Jesus Christ and His love	1	2	3	4	5
I worship God with gratitude during hard times (Job 1:21)	1	2	3	4	5
I am willing to sacrifice time, energy and money to God	1	2	3	4	5
I trust God when I face crises or problems	1	2	3	4	5
Worship Total _____					

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Connect: Engaging Myself in God's Family					
Fellowship with other believers is a high priority to me	1	2	3	4	5
I openly show love (brotherly affection) to others	1	2	3	4	5
I resolve conflicts quickly and healthily (forgiveness)	1	2	3	4	5
I offer my time and resources to help others	1	2	3	4	5
I open up my life so others can know and pray for me	1	2	3	4	5
I place the interests of others ahead of my own	1	2	3	4	5
I intercede for others	1	2	3	4	5
I gather with other Christians in a small group	1	2	3	4	5
I experience deep, meaningful relationships with others in the church	1	2	3	4	5
I have people in my life who are providing accountability	1	2	3	4	5
My schedule shows that I value my Christian friends	1	2	3	4	5
Fellowship Total _____					

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Grow: Growing to Be Like Christ					
Becoming like Christ is a high priority for me	1	2	3	4	5
I engage in spiritual disciplines like prayer and Bible reading	1	2	3	4	5
My relationship with Christ is motivated more out of love and gratitude than out of guilt and a sense of duty	1	2	3	4	5
I allow God's Word to inform the decisions I make	1	2	3	4	5
I have identified a sin stronghold in my life and I'm attacking it	1	2	3	4	5
I ask God to reprove and correct me, and respond in obedience to His Word	1	2	3	4	5
I have goals for putting on virtues in my life (fruit of the Spirit)	1	2	3	4	5
I demonstrate integrity in my words and actions	1	2	3	4	5
I steward my finances so I can give money to God and others	1	2	3	4	5
I spend time with Christian friends who encourage and challenge my growth	1	2	3	4	5
I am disciplining/mentoring/teaching someone else	1	2	3	4	5
Discipleship Total _____					

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Serve: Making Investments of Love in Others					
Serving others with my times and talents is a high priority to me	1	2	3	4	5
I know and use my spiritual gifts in service	1	2	3	4	5
I enjoy serving others without expecting return	1	2	3	4	5
I pray for others	1	2	3	4	5
I serve in a ministry at least monthly	1	2	3	4	5
I am alert to the needs of others	1	2	3	4	5
I act as if others' needs are as important as my own	1	2	3	4	5
I volunteer to do "whatever it takes" when necessary	1	2	3	4	5
Meeting others' needs provides a sense of purpose and fulfillment for me	1	2	3	4	5
I expect God to use me in kingdom work every day	1	2	3	4	5
I participate in leadership training	1	2	3	4	5
Ministry Total _____					

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Reach: I Have a Life Calling					
Reaching others for Christ is a high priority to me	1	2	3	4	5
I look for opportunities to build relationships with those who don't know Christ	1	2	3	4	5
I pray for lost people that I know	1	2	3	4	5
I share the Gospel with those around me	1	2	3	4	5
I serve the lost so that I can have a chance to share the Gospel with them	1	2	3	4	5
I live in such a way that supports the gospel and provokes questions (Matthew 5:13-16; 1 Peter 3:15)	1	2	3	4	5
I invite un-churched and de-churched people to attend church with me	1	2	3	4	5
When confronted about my faith, I give a confident answer (1 Peter 3:15)	1	2	3	4	5
I have identified a cross-cultural mission I would like to do	1	2	3	4	5
I pray about God's calling on my life to go anywhere God wants me	1	2	3	4	5
I train others how to effectively share their faith	1	2	3	4	5
Evangelism & Missions Total _____					

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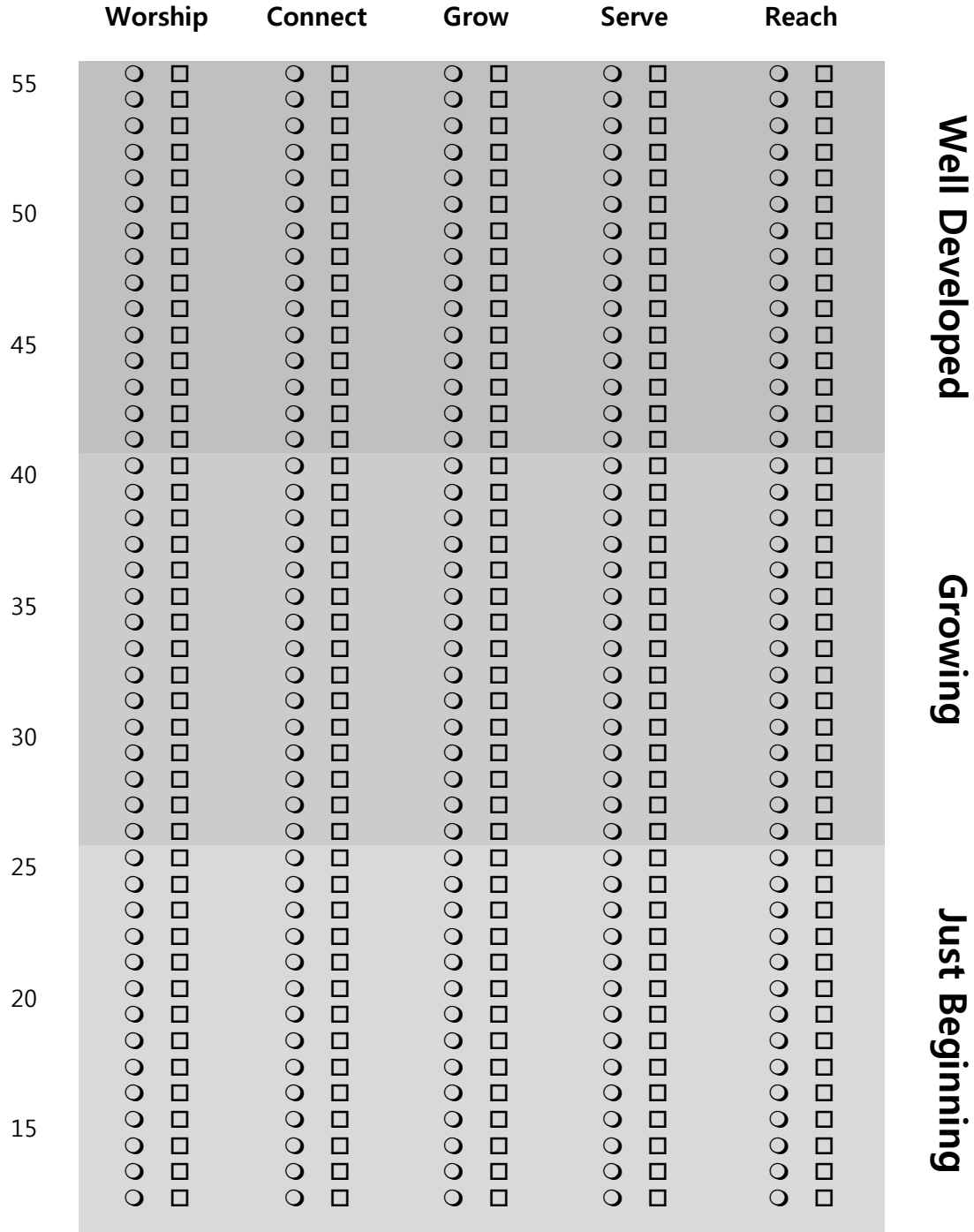
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Transfer the total for each of your spiritual growth areas to the following chart.

Reassess your progress at the end of three months.



○ Beginning Assessment Total _____
 □ Ending Assessment Total _____