

2010 STAFF APPLICATION
NRA WHITTINGTON ADVENTURE CAMP

Return To: Assistant Program Director
NRA Whittington Center
P.O. Box 700
Raton, NM 87740

PERSONAL:

Name: _____ **Date Of Birth:** _____

Street: _____ **SSN#:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Driver's License #: _____ **State:** _____

Exp. Date: _____ **Height:** _____ **Weight:** _____

NRA Membership Type: _____ **Number:** _____

Whittington Membership Type: _____ **Number:** _____

Are you covered by major medical/accidental insurance? Yes () No ()

Name of Carrier: _____ **Policy #:** _____

DATES OF AVAILABILITY: 2009 Camp

Session I () June 14-20 Session II () June 28-July 10 Both Sessions ()

COMMUNITY ACTIVITIES:

Civic / Service Clubs: _____

Offices Held: _____

Honors / Recognition: _____

Youth Organizations: _____

Offices Held: _____

Honors / Recognition: _____

HOBBIES / INTERESTS:

Describe any other interest, skills, areas, or hobbies, which may have an impact on your participation in this program. _____

Do you hold any medical related certifications, i.e. first aid, CPR, EMT, nursing?

1. _____

2. _____

SHOOTING BACKGROUND:

Hunter: Yes () No () **Number of Years:** _____

Type of hunting: _____

Competitor: Yes () No () **Number of Years:** _____

Disciplines: _____

NRA Certified Instructor: Yes () No ()

Discipline: _____ Date Certified: _____

Discipline: _____ Date Certified: _____

Discipline: _____ Date Certified: _____

Certified Hunter Safety Instructor: Yes () No () State(s): _____

Date Certified: _____ Card Number: _____

Have you served as a volunteer at any other youth camps or organizations?

GENERAL INFORMATION:

Please include the names, addresses and phone numbers of three individuals, who are not relatives as your character references.

1. _____

2. _____

3. _____

BACKGROUND CHECK:

Do you have any objections to us doing a background check? Yes () No ()

STATEMENT OF PHYSICAL FITNESS:

The NRA Whittington Adventure requires a high level of physical activity from staff members. Individuals must be in good physical condition and we request that you provide an up to date medical history prior to your tenure, if so selected as a Whittington Adventure Staff member.

Do you have any physical conditions, handicaps or impediments? Yes () No ()

If yes, please describe: _____

