

Counselor in Training Application 2010
NRA Whittington Adventure Camp

Return To:

ADVC Director
NRA Whittington Adventure
PO Box 700
Raton, NM 87740

Personal

Name: _____ Date of Birth: _____ Age: _____

Street: _____ SSN#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Driver's License#: _____ State: _____ Exp. Date: _____

Height: _____ Weight: _____ e-mail: _____

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

Name of Carrier: _____ Policy #: _____

Education/Occupation:

Junior High School Name: _____ Location: _____

Dates of Attendance: _____

Junior High School Graduate: Yes () No ()

High School Name: _____ Location: _____

Dates of Attendance: _____

High School Graduate: Yes () No ()

Are You Currently Employed: Yes () No ()

Occupation: _____

Community Activities:

Civic/Service Clubs: _____

Offices Held: _____

Honors/Recognition: _____

Youth Organizations: _____

Offices Held: _____

Honors/Recognition: _____

Hobbies/Interest:

Describe any other interest, skill, 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. _____
- 3. _____

Shooting Background:

Hunter: Yes () No ()

Type of hunting and number of years:

Honors/Recognition: _____

Competitor: Yes () No ()

Discipline(s) and number of years:

Past/Present Classifications: _____

Honors/Recognition: _____

Have you served as a volunteer at any other youth camps or organizations? Yes () No ()

Name, location, and year(s) you attended these other camps:

Statement of Physical Fitness:

The NRA Whittington Adventure Camp 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: _____

Are you currently under the care of a physician? Yes () No ()

If yes, please describe: _____

Are you required to take any prescription medications? Yes () No ()

If yes, please describe: _____

THE USE OF ALCOHOL OR OTHER NON-PRESCRIPTION SUBSTANCE IS STRICTLY FORBIDDEN WHILE PARTICIPATING IN ANY FUNCTION OR EVENT ON THE NRA WHITTINGTON CENTER PROPERTY.

Do you use tobacco? Yes () No () If yes, are you willing to ABSTAIN from the use of tobacco products when dealing with campers? Yes () No ()

References:

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

1. _____

2. _____

3. _____

Essay: Attach a 150 word statement that explains why you want to become a Counselor in Training. Emphasize what you believe you can contribute to the success of the program.

Dates of Availability:

If accepted, I understand that I must participate for at least one full session.

I would like to participate in:

Session 1 (June 14th to 26nd) _____ Session 2 (June 28th to July 10th) _____ Both _____

CODE OF CONDUCT

The NRA Whittington Adventure represents the highest tradition of good sportsmanship and citizenship. I recognize my conduct has an impact beyond myself and I hereby agree to be a positive example for all participants in the matters of sportsmanship, leadership, citizenship and friendship.

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Parent/Guardian Signature)