

**Counselor in Training Application 2019  
NRA Whittington Adventure Camp**

**Return To:**

ADVC Coordinator  
NRA Whittington Adventure  
PO Box 700  
Raton, NM 87740  
Phone: 800-494-4853  
Fax: 575-445-9418

**MUST BE POSTMARKED  
BY October 1st, 2018**

**Personal**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ SSN#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Name of Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

T-Shirt size: \_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ XL \_\_\_ 2XL

**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.

**Are you a past camper?** \_\_\_\_\_ **What year?** \_\_\_\_\_

**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 09- June 21) \_\_\_\_\_ Session 2 (June 23 - July 5) \_\_\_\_\_ Both \_\_\_\_\_

(Preference may be given to those who are available for both sessions)

**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)