

**2026 STAFF APPLICATION
NRA WHITTINGTON ADVENTURE CAMP**

Return To: ADVC Coordinator
 NRA Whittington Center
 P.O. Box 700
 Raton, NM 87740
 Ph.: 575-445-3615
 Fax: 575-445-9418

PERSONAL:

Name: _____ Date Of Birth: _____

Street: _____ SSN#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

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

Whittington Membership Type: _____ Number: _____

NRA Membership Type: _____ Number: _____

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

Name of Carrier: _____ Policy #: _____

T-Shirt size: ____ small ____ medium ____ large ____ XL ____ 2XL ____ Other ____

DATES OF AVAILABILITY: 2026 Camp

Session I () June 14 - 26 Session II () June 28 – July 10

Both sessions and Staff Week () June 9th - July 11th

CAMP STAFF PREFERENCE: Please list 1st, 2nd and 3rd choices. Please attach a brief summary of your experience, regarding your choices.

Camp Director:	()	Asst. Camp Director	()	Administrative Director	()
Chief Rifle Instructor:	()			Chief Shotgun Instructor:	()
Asst. Rifle Instructor:	()			Asst. Shotgun Instructor:	()
Chief Pistol Instructor:	()			Chief Muzzleloading Instructor:	()
Asst. Pistol Instructor:	()			Asst. Muzzleloading Instructor:	()
Archery Instructor:	()			Transportation:	()
Asst. Archery Instructor:	()			Health Officer (EMT Certified):	()
Photo/Writer:	()			Outdoor Cooking Instructor:	()
Leadership	()				

OCCUPATION / EDUCATION:

Employer: _____

Current:	Yes	()	No	()	Dates:	_____
Retired:	Yes	()	No	()	Dates:	_____

Occupation: _____

High School Graduate: Yes () No ()

High School Name: _____ Location: _____

Dates of Attendance: _____

College Graduate: Yes () No ()

College Name: _____ Location: _____

Dates of Attendance: _____

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: _____

If yes, please describe: _____

If yes, please describe: _____

Dated: