

TEEN REACH ADVENTURE CAMP RETURNING COUNSELOR/STAFF APPLICATION



Girls' T.R.A.C.: 6/20/2019 to 6/23/2019

Boys' T.R.A.C.: 6/27/2019 to 6/30/2019

Date: _____ Name: _____
First Name Last Name

Address: _____
Street City State

Cell Phone: _____ Home Phone: _____ E-MAIL: _____

Birth Date: _____ Sex: _____ Marital Status: _____ Living Situation: _____

Emergency Contact: _____ Phone Number: _____

T-Shirt Size: Adult Small Adult Medium Adult Large
 Adult X-Large Adult XX-Large

Do you have a certification in the following? CPR First Aid Life Guard Nurse EMT

Why do you wish to continue volunteering at T.R.A.C.? _____

Do you have any medical conditions? Yes No If yes, please explain: _____

Do you take any medications? Yes No Please list:

Medication	Reason	Possible Side Effects

Name: _____

Has anything changed in your life in the past year, personally or professionally? Yes No

In the past year, have there been any changes to your legal record? Yes No
If yes, please explain:

In the past year, have you been accused or convicted of any sexual misconduct? Yes No
If yes, please explain:

In the past year, have you taken any drugs other than prescriptions? Yes No
If yes, please explain:

How has God been growing you over the past year?

I certify, under penalty of perjury, that my signature below signifies this information is true and correct to the best of my knowledge. I give permission for T.R.A.C. to request background checks for me to become a staff member/counselor for Teen Reach Adventure Camp.

Name (please print): _____

Signature: _____ Date: _____