

TEEN REACH ADVENTURE CAMP CAMP COUNSELOR/STAFF APPLICATION



Girls' T.R.A.C.: 7/23/2021 to 7/25/2021

Boys' T.R.A.C.: 7/16/2021 to 7/18/2021

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 Other: _____ Women's style/cut

Have you ever been abused, neglected, or abandoned? No Yes Yes, but prefer to discuss in person.

Do you have a certification in the following? CPR First Aid Lifeguard 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
If yes, please explain:

In the past year, have there been any changes in 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 ever taken drugs other than prescriptions? Yes No
If yes, please explain:

How has God been growing you over the past year?

I am interested in becoming a mentor. Yes No

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/camp counselor for Teen Reach Adventure Camp.

Name (please print): _____

Signature _____ Date: _____