



TEEN REACH ADVENTURE CAMP

RETURNING COUNSELOR/STAFF APPLICATION

Camp Dates: Girl's Camp _____ Boy's Camp _____

PLEASE PRINT & COMPLETELY FILL OUT. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

DATE: _____ NAME: _____

ADDRESS: _____

DOB: _____ GENDER: _____ MARITAL STATUS: _____

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

LIVING SITUATION _____

EMERGENCY CONTACT: _____ PHONE#: _____

T-SHIRT SIZE (ADULT): _____ Sm _____ Med _____ Lg _____ XL _____ XXL _____ XXXL

Do you have any of the following certifications? _____ CPR _____ First Aid _____ Life Guard _____ Nurse _____ EMT

Please describe why you wish to continue volunteering at T.R.A.C.:

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

Do you take any medications? _____ Yes _____ No - If yes, please list medications, reason, and their potential side effects: _____

Has anything changed in your life in the past year, personally or professionally?

Have there been any changes to your legal record? ____ 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 and challenging you over the past year? _____

I certify under penalty of perjury that my signature below signifies that this information is true and correct to the best of my knowledge and that I give my permission for the necessary background checks to be done in order for me to become a TRAC staff/counselor.

Signature: _____ **Date:** _____