

**2017 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: 2017 Camp**

Session I ( ) June 11-25      Session II ( ) June 27-July 7    Both Sessions ( )

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

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

**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: \_\_\_\_\_

---

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: \_\_\_\_\_

Do you use tobacco? Yes ( ) No ( )

If yes, are you willing to ABSTAIN from the use of tobacco products when directly dealing with campers? Yes ( ) No ( )

THE USE OF ALCOHOLIC OR OTHER NON-PRESCRIPTION SUBSTANCES IS STRICTLY FORBIDDEN WHILE PARTICIPATING IN ANY FUNCTION OR EVENT ON THE NRA WHITTINGTON CENTER PROPERTY.

-----

**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: \_\_\_\_\_  
(Applicant)

Dated: \_\_\_\_\_