

**2018 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: 2018 Camp**

Session I ( ) June 10-22      Session II ( ) June 24-July 6    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:**      Outdoor Cooking Instructor: ( )

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?

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

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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.**

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