## Counselor / CIT Application 2025 NRA Whittington Adventure Camp

**Return To:** 

Counselor

**ADVC Coordinator** Counselor in Training ( ) NRA Whittington Adventure PO Box 700 Raton, NM 87740 **MUST BE POSTMARKED** Phone: 800-494-4853 BY October 1st, 2024 Fax: 575-445-9418 Personal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Mailing Address: \_\_\_\_\_ SSN#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ Applicant Phone: \_\_\_\_\_\_ Parent Phone: \_\_\_\_\_\_ E-Mail: Driver's License#: \_\_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Are you covered by major medical/accidental insurance? Yes ( ) No ( ) Name of Carrier: Policy #: \_\_\_\_\_ T-Shirt size: small medium large XL 2XL **Education/Occupation:** Junior High School Name: \_\_\_\_\_\_ Location: \_\_\_\_\_ Dates of Attendance: Junior High School Graduate: Yes ( ) No ( ) High School Name: \_\_\_\_\_\_ Location: \_\_\_\_\_ Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ High School Graduate: Yes ( ) No ( ) Are You Currently Employed: Yes ( ) No ( ) Occupation:

## **Community Activities:** Honors/Recognition: Youth Organizations: \_\_\_\_\_\_\_\_ Offices Held: Honors/Recognition: Do you hold any medical related certifications, i.e. First Aid, CPR, EMT, nursing? 2. \_\_\_\_\_ Shooting Background: Discipline(s) and number of years: Past/Present Classifications: Honors/Recognition: Have you served as a volunteer at any other youth camps or organizations? Yes ( ) No ( ) Name, location, and year(s) you attended these other camps:

## **Statement of Physical Fitness:**

The NRA Whittington Adventure Camp requires a <u>high level of physical activity from staff members</u>. Individuals must be in <u>good</u> 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:			
THE USE OF ALCOHOL OR OTHER NON-PRESCRIPTION SUBSTANCE IS STRICTLY FORBIDDEN WHILE PARTICIPATING IN ANY FUNCTION OR EVENT ON THE NRA WHITTINGTON CENTER PROPERTY.			
Do you use tobacco? Yes ( ) No ( )  If yes, are you willing to <b>ABSTAIN</b> from the use of tobacco products when dealing with campers? Yes ( ) No ( )			
References:			
Please include the names, addresses and phone numbers of three individuals, who are not relatives, for character references.  1			
2			
3			
Essay: Attach a 150 word statement that explains why you want to become a Counselor in Training. Emphasize what you believe you can contribute to the success of the program.			
Are you a past camper? What year?			
<u>Dates of Availability:</u> If accepted, I understand that I must participate for at least one full session. I would like to participate in:			
Session 1 (June 14- June 26) Session 2 (June 28 - July 10) Both, includes staff week ( June 9 <sup>th</sup> – July 12 <sup>th</sup> ) (Preference will be given to those who are available for both sessions)			

## **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:		Date:	Date:	
<u> </u>	(Applicant)			
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Signed:		Date:		
	(Parent/Guardian Signature)			