



Camp Wilderness Junior Training Academy
Staff Application

Commander
Jr. Commander

Name		D.O.B
Address		
City	State	Zip
Phone	Email	
Church		Outpost
Church Phone	Pastor	

T-Shirt Size

Small Med. Large X-Large 2X 3X

Current Royal Ranger Positions (Local, District and National)

Highest Leadership advancement

Ready Safety Trained Advanced Bronze Silver Gold Platinum

Jr. Commanders – When did you receive your CWJTA Saber? _____

Training (Check all that apply)

LTC LMA Ranger Basics Ranger Essentials WCO NRMC NTC ANTC
NTT NCE Training Academy National Academy Advanced Academy

Have you ever served on CWJTA staff before? Yes No

If so which camps: DTC JLC AJTC JSC JFC JCE JTT JMC

Which Camp or Camp's are you interested in serving.

DTC JLC AJTC JSC JFC JCE JTT JMC

By signing this document you are attesting that the applicant is faithful in his local church as well as his local Royal Ranger outpost, you also approve that the applicant is able to work in ministry with boys.

Pastor	Date
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Complete and Mail to: Bill Adels | 984 Crosley Dr. | Dunedin, FL 34698 | (727) 733-7864
| rvessel@aol.com

Note: Application MUST include the attached medical form for application to be accepted.



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GEAR
List

Clothing	Bedding
<input type="checkbox"/> Utility Uniform	<input type="checkbox"/> Fitted Single Sheet
<input type="radio"/> Utility shirt	<input type="checkbox"/> Flat Single Sheet
<input type="radio"/> Navy blue tac pants	<input type="checkbox"/> Pillow(s)
<input type="radio"/> White under shirt	<input type="checkbox"/> Blankets
<input type="radio"/> Black web belt	<input type="checkbox"/> Sleeping Bag (Optional)
<input type="radio"/> Navy blue rr bolo	Other Gear
<input type="radio"/> Black shoes / black socks	<input type="checkbox"/> Teaching Aides
<input type="radio"/> Correct leadership patch	<input type="checkbox"/> Class Materials
<input type="checkbox"/> Navy blue coat	<input type="checkbox"/> Pocket Knife
<input type="checkbox"/> Field shoes	<input type="checkbox"/> Watch
<input type="checkbox"/> Work shoes	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Work Shirts	<input type="checkbox"/> Extra Batteries
<input type="checkbox"/> Jeans or pants for work	<input type="checkbox"/> Bible and Pen
<input type="checkbox"/> Blue Jeans for day uniform	Optional Gear
<input type="checkbox"/> Underwear	<input type="checkbox"/> Sun glasses
<input type="checkbox"/> Socks	<input type="checkbox"/> Sun Block
<input type="checkbox"/> Poncho	<input type="checkbox"/> Bug Spray
<input type="checkbox"/> Dirty Clothes Bag	<input type="checkbox"/> Camera
<input type="checkbox"/> FCF Outfit	<input type="checkbox"/> Cell Phone & Charger
<input type="checkbox"/> Cowboy Outfit	<input type="checkbox"/>
Toiletries	<input type="checkbox"/>
<input type="checkbox"/> Vitamins	<input type="checkbox"/>
<input type="checkbox"/> Shaving Kit	<input type="checkbox"/>
<input type="checkbox"/> Towel / Wash cloth	<input type="checkbox"/>
<input type="checkbox"/> Soap	<input type="checkbox"/>
<input type="checkbox"/> Shampoo	<input type="checkbox"/>
<input type="checkbox"/> Tooth brush / Tooth paste	<input type="checkbox"/>
<input type="checkbox"/> Personal First Aid Kit	<input type="checkbox"/>
<input type="checkbox"/> Personal Sew Kit	<input type="checkbox"/>

The blanks are for you.

Note : You will be issued a staff field book at staff meeting.

Individual Medical Form

Name _____ Notify in an emergency :

Address _____ Name _____

City _____ State _____ Address _____

Phone () _____ Zip _____ City _____ State _____ Zip _____

Date of birth _____ Ranger Outpost # _____ Emergency Phone () _____

Church _____ Section # _____ Relationship _____

HEALTH HISTORY	To be completed by the applicant and/or the physician. Answer YES or NO to the following and briefly explain all yes answers under "REMARKS".		
Sinus Condition		Shortness of Breath	
Ear Problem		Skin Infection	
Lung Problem		Hearing Difficulty	
High Blood Pressure		Bad Eyesight	
Allergy - Asthma		Do you wear contacts	
Fainting or Dizzy Spells		Any Medical Care	
Allergy - Horse Serum		Within the Past Year	
		Any Surgery Within Past Year	
		Exposed to Infections	
		A) Disease Past Three Weeks	
		B) Hepatitis Past Six Months	
		Any disorder preventing strenuous activities	
		Taking Prescription Medicine	
		Any Reaction to Drugs or Medication of Any Type	

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Date of last Tetanus booster _____

In the event hospitalization is needed, please fill in :

Name of insured _____

Medical / Hospital insurance company : _____

Policy or certificate number : _____

Employer _____

In case of an emergency, I hear by give permission to the physician at hand to render treatment. Should the physician deem it necessary, I authorize hospitalization, anesthesia, surgery, or injection of medication.

Signature (Parent, if minor) _____ Date: _____

Signature of Notary _____ Date _____ Seal :