



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](mailto:rvessel@aol.com)

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



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**GEAR**  
*List*

<b>Clothing</b>	<b>Bedding</b>
<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	<b>Other Gear</b>
<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	<b>Optional Gear</b>
<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"/>
<b>Toiletries</b>	<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		Exposed to Infections
Ear Problem		Skin Infection		A) Disease Past Three Weeks
Lung Problem		Hearing Difficulty		B) Hepatitis Past Six Months
High Blood Pressure		Bad Eyesight		Any disorder preventing strenuous activities
Allergy - Asthma		Do you wear contacts		
Fainting or Dizzy Spells		Any Medical Care		Taking Prescription Medicine
Allergy - Horse Serum		Within the Past Year		Any Reaction to Drugs or Medication of Any Type
		Any Surgery Within Past Year		

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 :