



NJ ROYAL RANGERS' ADVANCEMENT ACADEMY

Staff Application

August 11 - 19, 2023 - Delanco Camp - Tabernacle, NJ

FOR ACADEMY USE ONLY - LOVE OFFERING
Make check payable to: NJRRAA
Date: ___/___/___
Check: # _____ or Cash: \$ _____

Mail Application & Check to Cmdr. Bob Carlino - 209 Fawn Drive, Newfield, NJ 08344
Contact Info: (856)-697-9111 Email: RR3Bob@aol.com

READ THIS FIRST:

This application is for all Commander(s), Junior Staff, Support Staff, Visitor(s), and/or those applying for a Staff Position and/or attending any Action Camp(s). You will need your Pastor's approval and a complete Background Check. The New Jersey Network will conduct the check, which applies to all those attending whether attending for a couple of hours, a day, or the entire week. The results of the Background Check may affect your ability to serve in any position.

TRAINING CAMP:

Check one (1) only

- Check boxes for: Kitchen Staff, Academy Staff, Service Patrol, JEMC Staff, JFC Staff, RTC Staff, JTC Staff, AJTC Staff, MAC Staff, CAC Staff, SAC Staff, JA Staff, Junior Staff - RTC, JFC, JEMC, Junior Staff - Elite Graduates

STAFF T-SHIRTS:

Adult Sizes: L X-L 2-XL 3-XL 4-XL _____

HEAD GEAR SIZE:

- CAC only: _____
With a soft measuring tape measure the circumference of your head

INFORMATION:

Date of Birth: _____ Grade going into: _____

LAST NAME (Please print) MIDDLE INITIAL FIRST NAME

MONTH DAY YEAR _____

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE

EMAIL (Please print clearly) No Email

MOTHER / GUARDIAN

FATHER / GUARDIAN

CELL PHONE WORK PHONE

CELL PHONE WORK PHONE

EMAIL (Please print clearly) No Email

EMAIL (Please print clearly) No Email

IN CASE OF EMERGENCY - PLEASE NOTIFY:

1.) EMERGENCY CONTACT RELATION PHONE

2.) EMERGENCY CONTACT RELATION PHONE

OUTPOST & CHURCH INFORMATION:

OUTPOST:# DISTRICT: SECTION:

CHURCH: CHURCH PHONE: ()

Medical Record

Applicant's Full Name: _____ **Outpost#:** _____

GENERAL INFORMATION:

Sports Physical Examination by a health practitioner with his/her signature is optional for participation at the Advancement Academy. The NJ Royal Rangers Advancement Academy reserves the right to accept or reject any person based upon his medical health.

NOTE: Has the applicant experienced the following? Check either "Yes" or "No" If "Yes", explain under "Remarks and Medical Facts We Should Know".

Health History:

A complete Health History must be completed by the applicant's parent and/or guardian to attend the Academy

Sinus condition YES NO
 Ear problem YES NO
 Lung problem YES NO
 Heart trouble YES NO
 High blood pressure YES NO
 Allergy-Asthma YES NO
 Fainting or dizzy spells YES NO
 Diabetes YES NO
 Appendix removed YES NO
 Dental appliances YES NO

Shortness of breath YES NO
 Skin infection YES NO
 Hearing difficulty YES NO
 Bad eyesight YES NO
 Wear eyeglasses YES NO
 Wear contact lenses YES NO
 Any medical care in past year (List Below): YES NO
 Any surgery within the last six (6) months YES NO
 Special diet required YES NO

Exposed to infectious disease in past 3 weeks (List Below): YES NO
 Hepatitis past 6 months YES NO
 Any disorder preventing strenuous activity? YES NO
 Taking prescription medicine (List Below): YES NO
 Any reaction to drugs or medicine of any type? (List Below) YES NO
 Home Sickness YES NO
 Sleep Walking YES NO

Food, Drug and/or other Allergies: _____

I am currently taking the following medications: _____

NOTE: Please include written instructions for all medications below.

Remarks and Medical Facts We Should Know: (Add Sheet if Needed)

Inoculation and vaccination Information:

Tetanus _____/_____/_____

Please initial if Shot(s) are up to date: _____

If Shot(s) given within last 6 months, please list date

Doctor & Insurance Company Info:

DOCTOR'S NAME (Please Print) _____ (_____) _____
 PHONE

INSURANCE COMPANY _____ (_____) _____
 PHONE

ID # _____ GROUP# _____ POLICY# _____ CERTIFICATE # _____

SUBSCRIBER'S NAME & RELATIONSHIP _____

Medical History & Doctor Info Required:

Physical Examination (Optional)

Note to Health Practitioner: Applicants attending the Advancement Academy participate in hot, strenuous activities. Therefore, the applicant must be physically sound and strong enough to engage in such activities.

PRACTITIONER'S SIGNATURE

DATE

EXAMINATION DATE
 ___/___/___

BIRTH DATE
 ___/___/___

HEIGHT
 ' "

WEIGHT
 Lbs.

Permission to Possess Epi Pen/Inhaler:

I verify that my son has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting. I give permission for my son to keep the above described Epi-pen and/or inhaler in his possession at camp. I will also provide an extra Epi-pen and/or inhaler that will be kept in the camp's Health Lodge in case of emergencies.

Permission for my son to possess and use:

Epinephrine Auto-Injector Asthma Inhaler

 PARENT'S/GUARDIAN'S SIGNATURE DATE

Required Release Signatures

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant and in my opinion; he/she is competent and qualified youth worker. I know of no fact(s) or allegation(s) that raise any questions concerning their suitability for working with minors in any Royal Rangers' activity/event at the NJ Royal Rangers Advancement Academy at Delanco Camp, August 11 - 19, 2023. Your signature indicates that this Commander/volunteer is a chartered member and has made a steady commitment to the outpost and/or the person applying has made a steady commitment to the church. The church has on file the applicant's youth workers screening form. Adult leaders are considered 18 years of age or older.

 PASTOR'S SIGNATURE DATE

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

Parent/Legal Guardian Consent for Junior Staff (under 18): The signature of a parent or legal guardian is required for a minor to attend the NJ Royal Rangers Advancement Academy at Delanco Camp, Tabernacle, NJ, August 11 - 19, 2023. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency.

 PARENT'S/GUARDIAN'S SIGNATURE DATE