

TEEN REACH ADVENTURE CAMP CAMP COUNSELOR/STAFF APPLICATION



Girls' T.R.A.C.: 6/28/2024 to 6/30/2024

Boys' T.R.A.C.: 7/12/2024 to 7/14/2024

Date: _____ Name: _____
First Name Last Name

Address: _____
Street City State

Cell Phone: _____ Home Phone: _____ E-MAIL: _____

Birth Date: _____ Biological Sex: _____ Marital Status: _____

Living Situation: _____

Emergency Contact: _____ Phone Number: _____

T-Shirt Size: Adult Small Adult Medium Adult Large
 Adult X-Large Adult XX-Large Other: _____ Women's style/cut

Have you ever been abused, neglected, or abandoned? No Yes Yes, but prefer to discuss in person.

Have you committed your life to Jesus Christ? Yes No

Could you lead a 15-minute devotion for your campers with provided materials?
 Yes No

Which church do you presently attend? _____

Pastor's Name: _____ Phone: _____

I have read, agree with, and will comply with the Teen Reach Statement of Faith, Volunteer Standards, and Position Statement.* No Yes *Scan the QR code or follow hyperlink:

https://static1.squarespace.com/static/6217ef100bd53704ce6c4cac/t/64307d1d033d9c699e6b3b12/1680899358093/Standards_Policy+for+TRAC-1.pdf



Name: _____

Have you ever been arrested for a criminal offense? Yes No

Have you ever been arrested for sexual misconduct? Yes No

Have you ever been convicted of sexual misconduct? Yes No

Have you ever taken drugs other than those prescribed by you physician? Yes No

If you answered "yes" to any of the questions above, please explain: _____

Education:

High School: _____ Date of Graduation: _____

College: _____ Date of Graduation: _____

Other: _____ Date of Graduation: _____

Do you have a certification in the following? CPR First Aid Lifeguard Nurse EMT

Why do you wish to be a volunteer at T.R.A.C.? _____

Please describe your previous experience working with children or teenagers: _____

Do you have previous training/experience working with abused, neglected or abandoned children/teens? Yes No

If so, how? _____

Place an "X" next to the words which accurately describe you:

- | | | | | |
|------------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Angry | <input type="checkbox"/> Deliberate |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Kind | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Organized | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Tactful | <input type="checkbox"/> Compassionate | | |

Name: _____

List five strengths and weaknesses you have in working with teenagers or children (please be specific):

My strengths are:

1. _____
2. _____
3. _____
4. _____
5. _____

My weaknesses are:

1. _____
2. _____
3. _____
4. _____
5. _____

Medical History:

Can you hike at least 2 miles? Yes No

Do you have any medical conditions? Yes No If yes, please explain: _____

Do you take any medications? Yes No Please list:

| Medication | Reason | Possible Side Effects |
|------------|--------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Name: _____

References (one professional, one ministry, one personal):

| Type | Name | Email address | Phone number |
|--------------|------|---------------|--------------|
| Professional | | | |
| Ministry | | | |
| Personal | | | |

I am interested in becoming a mentor. Yes No

I certify, under penalty of perjury, that my signature below signifies this information is true and correct to the best of my knowledge. I give permission for T.R.A.C. to request background checks for me to become a staff member/camp counselor for Teen Reach Adventure Camp.

Name (please print): _____

Signature _____ Date: _____