

# 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: \_\_\_\_\_ 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.

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

Why do you wish to continue volunteering at T.R.A.C.? \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

Has anything changed in your life in the past year, personally or professionally?  Yes  No  
If yes, please explain:

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In the past year, have there been any changes in your legal record?  Yes  No  
If yes, please explain:

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In the past year, have you been accused or convicted of any sexual misconduct?  Yes  No  
If yes, please explain:

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In the past year, have you ever taken drugs other than prescriptions?  Yes  No  
If yes, please explain:

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How has God been growing you over the past year?

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

[https://static1.squarespace.com/static/6217ef100bd53704ce6c4cac/t/64307d1d033d9c699e6b3b12/1680899358093/Standards\\_Policy+for+TRAC-1.pdf](https://static1.squarespace.com/static/6217ef100bd53704ce6c4cac/t/64307d1d033d9c699e6b3b12/1680899358093/Standards_Policy+for+TRAC-1.pdf)



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: \_\_\_\_\_