

Staff/LTA Application

August 2 - 8, 2009 — Camp Roosevelt - Aldine, NJ

Mail Application & Check to: Cmdr. Bob Carlino 209 Fawn Drive, Newfield, NJ 08344

Contact Info: (856)697-9111 email: rr3bob@aol.com

FOR ACADEMY USE ONLY		CAMP FEE \$ _____
____/____/____	CHECK # _____	or CASH \$ _____
Combined Check / Scholarship		DISCOUNT \$ _____
_____		LATE FEES \$ _____
Balance Due at Registration \$ _____		
____/____/____	CHECK # _____	or CASH \$ _____

READ THIS FIRST: This application is for Academy Staff and Commanders taking LTA or JSC only!
All applicants must have pastoral approval to attend camp.

TRAINING CAMP:

Check One Only

- DTC Staff** - 4th or 5th Grade
- ATC Staff** - 5th or 6th Grade
- JEM Camp Staff** - 6th Grade

- JTC Staff** - 7th and up
- Advanced JTC Staff** - 8th and up
- JSC Staff** - 8th and up
- JCE Staff** - 9th and up
- JMC Staff** - 9th and up
- EJLC Staff** - 10th and up

Junior Staff

Boys must have the following:

- Completed 9th Grade
- Completed GMA & JTC
- Written Recommendation from:
Pastor
Senior Commander
Sectional Commander

- Academy Staff** - Kitchen
- Academy Staff** - Instructor
- Academy Staff** - General Staff

REGISTRATION FEE:

Make check payable to NJRRRAA

Love Offering

T-SHIRT for DTC, ATC & JEM: *(Circle one)*

Boys Sizes: **S M L** Adult Sizes: **L XL 2XL**

T-SHIRT & HEADGEAR for JLTA: HeadGear Size: (JTC+AJTC+JSC+JCE+EJLC): _____

Adult Sizes: **L XL 2XL 3XL** With a soft measuring tape measure the circumference of your head

_____			DATE OF BIRTH			Grade Just Completed
LAST NAME <i>(please print)</i>	MIDDLE INITIAL	FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____			MON	DAY	YEAR	
ADDRESS _____			Junior Staff Only			
CITY ST ZIP _____						
HOME PHONE (_____) _____ PHONE (_____) _____						
FATHER / GUARDIAN _____						
CELL PHONE (_____) _____ WORK PHONE (_____) _____			MOTHER / GUARDIAN _____			
CELL PHONE (_____) _____ WORK PHONE (_____) _____			CELL PHONE (_____) _____ WORK PHONE (_____) _____			

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

GENERAL INFORMATION: A Sports Physical Examination by a health practitioner with his/her signature is optional for participation at the Advancement Academy. The NJ Royal Rangers Adv. 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."

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

Health History

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

Sinus condition	<input type="radio"/> YES <input type="radio"/> NO	Shortness of breath	<input type="radio"/> YES <input type="radio"/> NO	Exposed to infectious:	
Ear problem	<input type="radio"/> YES <input type="radio"/> NO	Skin infection	<input type="radio"/> YES <input type="radio"/> NO	Disease past 3 weeks	<input type="radio"/> YES <input type="radio"/> NO
Lung problem	<input type="radio"/> YES <input type="radio"/> NO	Hearing difficulty	<input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months	<input type="radio"/> YES <input type="radio"/> NO
Heart trouble	<input type="radio"/> YES <input type="radio"/> NO	Bad eyesight	<input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity?	<input type="radio"/> YES <input type="radio"/> NO
High blood pressure	<input type="radio"/> YES <input type="radio"/> NO	Wear eyeglasses?	<input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine?	<input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma	<input type="radio"/> YES <input type="radio"/> NO	Wear contact lenses?	<input type="radio"/> YES <input type="radio"/> NO	Any reaction to drugs or medicine of any type?	<input type="radio"/> YES <input type="radio"/> NO
Fainting or dizzy spells	<input type="radio"/> YES <input type="radio"/> NO	Any medical care in past year?	<input type="radio"/> YES <input type="radio"/> NO	Home Sickness	<input type="radio"/> YES <input type="radio"/> NO
Diabetes	<input type="radio"/> YES <input type="radio"/> NO	Any surgery within past year?	<input type="radio"/> YES <input type="radio"/> NO		
Appendix removed	<input type="radio"/> YES <input type="radio"/> NO	Special diet required?	<input type="radio"/> YES <input type="radio"/> NO		
Dental Appliances	<input type="radio"/> YES <input type="radio"/> 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)

Give latest date of inoculation or vaccination against the following:

Tetanus	___ / ___ / ___	Hep B	___ / ___ / ___
Measles	___ / ___ / ___	Typhoid	___ / ___ / ___
Diphtheria	___ / ___ / ___	Polio	___ / ___ / ___
Flu Shot	___ / ___ / ___		

Doctor & Insurance Company Info: (Please Print)

DOCTOR'S NAME & PHONE (_____) _____

INSURANCE COMPANY & PHONE (_____) _____

ID NUMBER GROUP / POLICY / CERT NUMBER

SUBSCRIBER'S NAME & RELATIONSHIP

Medical History, Vaccination History & Doctor Info Required

Physical Examination (Optional)

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

X

PRACTITIONER'S SIGNATURE DATE

EXAMINATION DATE ___ / ___ / ___	BIRTH DATE ___ / ___ / ___	HEIGHT ' "	WEIGHT lbs
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Required Release Signatures

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. **The church has on file the applicant's youth workers screening form. Adult leaders are considered 18 years of age or older.**

X

PASTOR'S SIGNATURE DATE

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 2009 NJ Royal Rangers Advancement Academy at Camp Roosevelt, August 2 - 8, 2009. 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.

X

PARENT'S/GUARDIAN'S SIGNATURE DATE

NEW JERSEY DISTRICT
ROYAL RANGERS
ADVANCEMENT ACADEMY



Date: June 26, 2009

Memo to: District and Academy Staffs

From: Ellwood Cutler, District Director

Subject: **Criminal Background Checks**

The NJ District of the Assemblies of God has adopted a policy of requiring criminal background checks for all Royal Rangers volunteering to serve on the District and/or Academy staffs. To accommodate this policy the attached authorization form should be submitted directly to the NJ District headquarters.

Please take note of the following instructions:

1. The form must be notarized.
2. Please send the form to:

NJ District AG Ministry Resource Center
Attn: Tammy Burton
PO Box 100
2005 Columbus Road
Burlington, NJ 08016

Mark the envelop Personal & Confidential – RR

3. Authorization forms for the Academy staff are due July 20, 2009. All other forms are due August 31, 2009.
4. **Do not send the forms to the Academy or myself.**

If you have any questions please give me a call on (908) 369-6422. We will also discuss this at our next district roundtable.

God bless you,

Ellwood Cutler
District Director

