**Personal Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name and Initial (or First Initial and Middle Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Street Address City ST Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Phone

Preferred Method of Contact ❑ Phone ❑ email ❑ Text

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Emergency Contact Emergency Number Relationship

**Training Information**

I have completed the following Royal Rangers training levels: (check all that apply)

❑ Ready ❑ Trained ❑ Safety ❑ Advanced ❑ Junior Academy ❑ Training Academy

❑ National Academy ❑ Advanced Academy ❑ Academy Instructor

If you have never attended National Academy or Junior Academy, are you willing to attend Junior Academy before serving on staff? (Junior Academy starts on the Monday before JLDA begins) Junior Academy ❑ Yes ❑ No

**Skills Interest**

I am interested in serving at: ❑ RTC ❑ JTC ❑ AJTC ❑ Junior Academy ❑ Action/Merit Camp

I am interested in serving in one or more of the following areas: (check all that apply)

❑ Assistant Academy Director ❑ Academy Coordinator ❑ Assistant Academy Coordinator ❑ Health & Safety

❑ Academy Cook ❑ Assistant Academy Cook ❑ Camp Director ❑ Assistant Camp Director

❑ Sr. Patrol Leader ❑ Assistant Sr. Patrol Leader ❑ Patrol Advisor ❑ Water Safety

❑ Instructor (Choose area[s])

 🔿 Archery 🔿 Air Rifle 🔿 FCF Lore/Skills 🔿 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Workers Clearance Affidavit**

**Adult Applicant Only**

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name & MI (or FI & Middle Name) Suffix

**Pastor:**

I am personally acquainted with this leader, listed above, 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 Ranger Activity. The state mandated Child/Youth Worker screening ***is complete and current*** for the applicant listed above and the report is on file at the church.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pastor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Church’s Insurance Company Covering Men and Boys Policy Number

**Applicant:**

I have never been arrested, sued, or made a settlement concerning any charges or accusations of child abuse, sexual actions, or deviant actions toward a minor, nor do I have any charges or accusations pending. Furthermore I have never committed any actions of these or similar natures to a minor. My state required Child/Youth Worker Screening is complete, current, and on file with my church.

Signed Date

 Adult Applicant Signature

**ATTACH/INCLUDE:**

Please attach/include a copy of your currentclearance forms if not on file with your church. This will be placed on file. **1**

**1 It is understood that the PennDel Ministry Network, the PennDel Royal Rangers, and its agents may request and receive copies of your clearances at any time from your church. These may be required BEFORE you serve on staff or attend a PennDel Royal Rangers camp.**

**Medical Information - Adult**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name& MI (or FI Middle Name) Suffix Birthdate

REQUIRED INFORMATION:

**General Information:** The PennDel Network Royal Rangers office has the prerogative to accept or reject any person based upon the Royal Ranger’s health history.

Please check Yes or No in responding to the below information:

 Yes No Yes No Yes No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sinus Condition |  |  | Shortness of breath |  |  | High Blood Pressure |  |  |
| Ear Problem |  |  | Skin Infection |  |  | Allergy – Asthma |  |  |
| Lung Problem |  |  | Hearing Difficulty |  |  | Heart Trouble |  |  |
| Poor Eyesight |  |  | Diabetes |  |  | Appendix removed |  |  |
| Taking prescription medicine |  |  | Wear Contact Lenses |  |  | Fainting or dizzy spells |  |  |
| Any reaction to drugs or medicine of any type |  |  | Any medical care in past year |  |  | Any surgery within past year |  |  |
| Any disorder preventing strenuous activity |  |  | Exposed to infectious disease in past 3 weeks |  |  | Hepatitis in past 6 months |  |  |
| Special diet required |  |  | Food Allergies |  |  |  |  |  |

**Any item above checked Yes please explain below;**

Food or Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications and dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Limitations or Medical Facts We Should Know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Other Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give latest date of inoculation or vaccination against the following: (month/day/year)

Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_ Small Pox \_\_\_\_/\_\_\_\_/\_\_\_\_ Measles \_\_\_\_/\_\_\_\_/\_\_\_\_ COVID-19 \_\_\_/\_\_\_/\_\_\_\_

Typhoid \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Diphtheria \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Polio \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Participation Statement:**

I am physically able to attend the PennDel Network Royal Rangers, JLDA? Yes No

**IN CASE OF EMERGENCY, CONTACT:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_