



PennDel Network Royal Rangers Junior Leadership Development Academy 2023 Staff Application

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 <input type="checkbox"/> Phone <input type="checkbox"/> email <input type="checkbox"/> Text		Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		
_____ 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 _____

Questions? Contact Chris Vincent 413-329-0647 or dcvincent1960@gmail.com
JLDA Camps info: www.pdrangers.org/pdjlda-camps



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ADULT APPLICANT ONLY

Please follow instructions CAREFULLY!

If you are currently 18 or more years of age **or will turn 18 at any time during the event**, please complete the please complete and return the Pastoral Recommendation Form found on our website:

<https://pdrangers.org/forms/>



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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 (_____) _____