

Southern Missouri District Royal Rangers

SOMO RANGER TRAINING ACADEMY



STAFF APPLICATION

		Stat	:e:		Zip:		
Emai	l:						
					Outpost	#:	
nen's sizes only – circle one):	S	М	L	XL	2XL	3XL	4XL
District Staff Position	on (if ar	ıy):					
- Camp Det	ails fo	r 2024	1 -				
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	– Pa	ırent Siş	gnature	& Date	(if less th	an 18 yr	s of age)
For Distr	ict Use (Only					
Amount Receiv	ved:				Check	: #:	
	District Staff Positi - Camp Det ugust 14-17, 2024 (NEW DAT istrict Royal Rangers Campgro of fees are required for staff, lugust 7th (all applications multistaff must meet one of the Current approved men Current approved men Current approved men to Mo District Royal Rangers, 5 hone: (417) 881-1316 or E-mat proved men Royal Rangers." Please comparts of God. If further afford fulfill my duties as assigned. For District Royal Rangers of For District Royal Rangers."	Email:		Email:	Email: Email:	Email: Coutpost	Email: Dutpost #:

INDIVIDUAL MEDICAL FORM

HEALTH HISTORY & MEDICAL PERMISSION FORM

me: Church Name & City:					
To be completed by the applicant and/or p	physician. Please check all boxes that apply and bri	efly explain all checked boxes under			
remarks:					
Lung or breathing problems	Hearing or ear problems	Skin infections			
Allergies	Eye or vision problems	High blood pressure			
Asthma	Sinus or nasal problems	Fainting or dizziness			
Are you taking any prescription medication	ns of any kind? If so, please list medication and pur	rpose:			
Are you allergic to any kind of drugs or me	dications? If so, please specify:				
	at may prevent or limit your involvement in strenu				
Remarks and additional notes. Use additional	and shoots if needed				
Remarks and additional notes. Use additional notes.	onal sneets if needed.				
Give latest date of inoculation or vaccination	on against the following:				
Tetanus Small Pox	Measles Typhoid Dip	htheria Polio			
In the even	t that hospitalization is needed, please complete	the followina:			
Medical/Hospital Insurance Company					
Policy or certificate number					
Policy or certificate number Employers group number					
	I hereby give permission to the physician or med				
	d necessary by a qualified physician, I authorize h	ospitalization, anesthesia, surgery, or			
injection of medication.					
Signature	Date				

STAFF PERSONAL EQUIPMENT LIST

You will be housed indoors with your patrol.

CLOTHING:

- Jeans, knee-length shorts, & T-shirts as needed
- Camp-suitable shoes or hiking boots
- Socks & underclothes as needed
- Rain poncho or other rain clothing
- Light jacket
- Complete Royal Rangers Utility Uniform in pin format
- FCF outfit for council fire service (optional)
- Training hat & T-shirts from prior camps (if you have them)

PERSONAL ITEMS:

• Teaching supplies as needed for your assignments at the camp

- Sleeping bag or blanket with pillow
- Bathroom Kit (soap, shampoo, comb, toothpaste, toothbrush, deodorant, etc.)
- Towels and washcloths
- Watch (or small portable alarm clock)
- Insect repellent & sun screen
- Flashlight with extra batteries
- Camp chair
- Pocket knife (optional)
- Canteen or water bottle
- Small Bible or New Testament
- Pen or pencil (a notebook will be issued at registration)