

South Carolina Royal Rangers District Volunteer Application

Event Date _____ Pow Wow RKO Other _____

We thank you for your willingness and desire to volunteer at our Royal Ranger event. You make it possible for us to hold many different events and activities for our Rangers, while allowing the commanders to stay with the boys, and provide an overall safe environment for everyone in attendance. As a volunteer there is no charge for you to stay overnight, and your meals will be provided by one of our outposts.

Please provide the information below. If you have any questions or comments, please email rangers@scdrr.org.

Name:		Home Phone:	() -
Address:		Cell Phone:	() -
City:	State:	Zip:	T-shirt Size:

Church:		Church Phone:	() -
Address:		Does your church have a RR Outpost:	<input type="checkbox"/> YES <input type="checkbox"/> NO
City:	State:	Zip:	

<p>*Qualifications for adults attending a SCDRR event are as follows:</p> <p>He/she is a Born-Again Christian and well grounded in the Word of God. He/she is loyal to the church. His/her habits and ideals are above reproach. He/she likes and enjoys working with boys. He/she has a consistent testimony in daily Christian Living. He/she is able to lead and delegate authority. He/she possesses good judgment. He/she is willing to accept responsibility He/she has earned the respect of others by his/her actions and words.</p>	<p>Please return this application to:</p> <p>SC District Royal Rangers Event Registration 3090 Herbal Way Sumter, SC 29153</p>
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Is your church outpost attending? YES NO N/A

What day will you arrive? Friday Saturday

Will you stay overnight? YES NO

Will you stay with your Outpost In a cabin

What day will you leave? Saturday Sunday

Do you hold any of the following certifications:

First Aid CPR/AED Lifeguard Range Officer Other: _____

All events are held during the day on Saturday unless noted. Please check what events/activities you would be willing to assist with:

<input type="checkbox"/> Canoeing	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Ranger Derby
<input type="checkbox"/> Rappelling Tower	<input type="checkbox"/> Tug-of-War	<input type="checkbox"/> Archery
<input type="checkbox"/> Zip Line	<input type="checkbox"/> Rifle Range	<input type="checkbox"/> Other - Please describe:
<input type="checkbox"/> Water Slide	<input type="checkbox"/> Obstacle Course	

MEDICAL FORMS: ALL persons attending Pow-Wow must have a current SCRR medical form dated April 2012. The form is available on the web site – www.scdrr.org/formspage. Please take note this form **MUST BE NOTARIZED WITH SEAL!** Bring this form with you to Pow-Wow.

PASTOR'S AUTHORIZATION OF ADULT WORKERS. My signature certifies that I have approved the above individual to attend the SC District event listed above as a *qualified member of my church and they pose no threat to the safety or wellbeing of the boys who attend this event.

Pastor's Signature _____ DATE: _____

Pastor's Name (type or print) _____