

# **SOUTHERN NEW ENGLAND** **Minutemen Chapter**

## **Spring Trace** **May 19 - 21**



**Ranger Camp 320 Raymond St., Gardner, MA**



# *Minutemen Chapter*

## *2023*

### *Spring Trace*

Are you looking for fellowship? Are you looking for adventure?  
Come Join the Frontiersmen Camping Fellowship!

We will host a Frontier Adventure for new members and we want you to be part of it.

- The Adventure is for any boy 11 years old or older that have completed 5<sup>th</sup> grade and any leader over 18 that meets the requirements. (See attached applications)

Learn what it was like to be part of the 1700's frontier by learning the various skills needed for the frontiersmen to survive: fire making with flint and steel, hawk and knife throwing, you will also learn what it means to be a torchbearer for Christ.

- All current chartered members are encouraged to come to fellowship and welcome our new members.
- There will be an area for "modern" camping if you don't have a shelter.
- We will be having the Buckskin Challenge and Scout Testing, so if you've been a Frontiersmen for a while and want to advance to the next level now is the time!





*Southern New England Ministry Network*  
*Minutemen Chapter*  
*2023*  
*Spring Trace*



General information for those applying for membership

1. Fill out the Frontiersmen Application

***\*Either application can be used this year while we transition to the 2020 application.***

2. Mail or email it to:

Bobby "Tributary" Doyle, 2 Genetti Circle Bedford, MA 01730 [rrsc94@hotmail.com](mailto:rrsc94@hotmail.com)

3. Deadline: If mailed, must be postmarked by April 15

4. Cost: \$50.00

- a. Check made out to: SNEMN or Southern New England Ministry Network  
Memo: FCF

5. Meals will be provided by your sponsor

6. What to bring:

a. Outdoor clothes: shirt, jeans, socks, outdoor shoes	h. Sharp pocket knife
b. Undergarments	i. Notebook
c. Poncho (must)	j. New Testament
d. Sleeping bag/pillow	k. Candle and flashlight
e. Toiletries	l. Matches
f. Canteen/Water bottle	m. Both permission slips
g. Pencil/Pen	n. \$50 cash or check

Buckskin Applicants:

- If you are interested in advancing to Buckskin, applications can be downloaded from [nationalfcf.com/FCF-Forms](http://nationalfcf.com/FCF-Forms)
- Be sure to contact our Buckskin Representative Abe Martinez at [abe8217@gmail.com](mailto:abe8217@gmail.com)
- Mail your applications by April 15
- Cost \$ 20.00

Chartered FCF members

- Individual Cost \$25.00, 2<sup>nd</sup> Family Member \$20, 3<sup>rd</sup> Family Member \$15, and so on.

- **Everyone attending must complete the Medical Form.**
- **Young bucks must complete the Permission Slip and the Knife & Black Powder Permission Slip.**
- **Everyone over 18 needs a signed Supervisory Form to be in camp.**

# *Southern New England Ministry Network*

## *Minutemen Chapter*

*2023*

## *Spring Trace*



### Schedule

#### Friday

- 3:00 PM Early arrival and set up
- 6:00 PM Applicants Arrive
- 6:30 PM The Trailhead
- 7:00 PM Opening Ceremony / Frontier Adventure begins
- 7:30 PM Dinner
- 8:00 PM Company Clerk / Chapter Scribe - Purchase Items
- 9:00 PM Chapter Craft Item (Bead Activity)
- 10:00 PM Nighttime Activities

#### Saturday

- 7:00 AM Breakfast
  - 8:00 AM Morning Devotion / Scripture Recitation (bead activity)
  - 8:30 AM Camp Safety & Sanitation
  - 9:00 AM Hawk Throwing, Knife Throwing, Flint & Steel
  - 12:00 PM Trappers Brigade Session
  - 12:30 PM Lunch
  - 1:00 PM Buckskin Challenge / Scout Testing
  - 6:00 PM Dinner
  - 7:30 PM Frontier Adventure Ceremony
- \*New Frontiersman may leave following the Ceremony

#### Sunday

- 7:00 AM Breakfast
- 8:30 AM Devotions
- 9:00 AM Closing / Pack up and go home

# FCF STYLE PAINTBALL!



What does that mean? It means bring your paintball gear and get ready for some unique gameplay. No hoppers or magazines. Special gameplay and rules designed by Sandflea. If you don't have gear we have 3 full sets available and extra paint. Bring your air tank filled and your own paintballs if you have them.

Rules and notes:

- Full paintball masks only for head and face protection.
- We cannot do air fills so if you bring a tank bring it filled.
- Bring clothes to play in that are not part of your FCF outfit.
- No hoppers/no magazines
- Round balls only
- No full auto
- Contact Sandflea with any questions [scooper3098@gmail.com](mailto:scooper3098@gmail.com)





# Frontiersmen Camping Fellowship

## FCF Membership Application



Name \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Church \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_ Outpost # \_\_\_\_\_

Activities in church other than Royal Rangers \_\_\_\_\_

### Present Royal Rangers Position

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Group Leader              | <input type="checkbox"/> Asst. Group Leader | <input type="checkbox"/> Outpost Coordinator |
| <input type="checkbox"/> Asst. Outpost Coordinator | <input type="checkbox"/> Outpost Committee  | <input type="checkbox"/> Outpost Chaplain    |
| <input type="checkbox"/> Adventure Ranger          | <input type="checkbox"/> Expedition Ranger  | <input type="checkbox"/> Pastor              |

### Membership Requirements

#### Boys Only

- Graduate of the fifth grade? Y N Date of your 11<sup>th</sup> birthday: \_\_\_\_\_
- Are you an active member of your local chartered outpost? Y N
- Choose one:
  - ☐ DR Gold Eagle Award ☐ Adventure Bronze Award ☐ ER E1 Award
  - Provide a copy of your certificate for verification with this application

#### Leaders Only

- Complete the Ready and Safety Levels of the OLAL- Provide a copy of your Ready and Safety certificates with this application.
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

#### Boys and Leaders

- Complete a Frontier Adventure.  
*Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.*

**PASTOR'S ENDORSEMENT/COMMENTS**

*Does the candidate live his life in a Christ-like manner? Please explain:*

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Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS**

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Outpost Coordinator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and life long servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for membership."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fees: (determined by chapter) \_\_\_\_\_

Mail application and fee to: \_\_\_\_\_

**Chapter Use Only**

Date received:	Amount paid:	Date information letter mailed:





# Frontiersmen Camping Fellowship

## FCF Membership Application



Name \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Church \_\_\_\_\_ Church Phone \_\_\_\_\_  
Church Address \_\_\_\_\_ Outpost # \_\_\_\_\_  
Activities in church other than Royal Rangers \_\_\_\_\_

### Present Royal Rangers Position

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Group Leader              | <input type="checkbox"/> Asst. Group Leader | <input type="checkbox"/> Outpost Coordinator |
| <input type="checkbox"/> Asst. Outpost Coordinator | <input type="checkbox"/> Outpost Committee  | <input type="checkbox"/> Outpost Chaplain    |
| <input type="checkbox"/> Adventure Ranger          | <input type="checkbox"/> Expedition Ranger  | <input type="checkbox"/> Pastor              |

### Membership Requirements

#### Boys Only

- Earn the following required skill merits: List date of completion for each
  - Camping: \_\_\_\_\_ First Aid Skills or First Aid/CPR: \_\_\_\_\_
- Graduate of the fifth grade? Y N Date of your 11<sup>th</sup> birthday: \_\_\_\_\_
- Are you an active member of your local chartered outpost? Y N

#### Leaders Only

- Complete the Ready and Safety Levels of the OLAL- Provide a copy of your Ready and Safety certificates with this application.
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

#### Boys and Leaders

- Complete a Frontier Adventure.  
*Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.*



**PASTOR'S ENDORSEMENT/COMMENTS**

*Does the candidate live his life in a Christ-like manner? Please explain:*

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Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone:

\_\_\_\_\_ Email: \_\_\_\_\_

**OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS**

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Outpost Coordinator's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone:

\_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone:

\_\_\_\_\_ Email: \_\_\_\_\_

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and lifelong servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for membership."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fees: (determined by chapter) \_\_\_\_\_

Mail application and fee to: \_\_\_\_\_

**Chapter Use Only**

Date received:	Amount paid:	Date information letter mailed:



# *Southern New England Ministry Network*



## *Minutemen Chapter*

2023

## *Spring Trace*



### **Permission Slip To Attend:**

**Spring Trace at Ranger Camp - 320 Raymond Street – Gardner, MA**

➤ **This slip is due upon arrival**

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Other Phone numbers Phone: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

I grant permission for \_\_\_\_\_ to attend this event.

I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Royal Rangers staff to secure medical services to provide the care necessary for my child's well-being.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any medical allergies, medications being take, medical problems, or other pertinent information below;**



# Frontiersmen Camping Fellowship

## Knife and Black Powder Permission Form



I am the parent or guardian of \_\_\_\_\_ who is a member of the Royal Rangers Program. I give, him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son to participate in any of the Frontiersmen Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts and workshop classes, and any other activities conducted.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

If you do not want your son, \_\_\_\_\_ participating in any of the above activities please list: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above mentioned activities at the Trace and/or Rendezvous.

Parent please complete:

Name of minor \_\_\_\_\_

Name of Parent completing form: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone and work phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Age \_\_\_\_\_ Birth date of minor \_\_\_\_\_

Any Information we should know about:

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

# Individual Medical Form

## Health History and Medical Permission Form

One form per person (Must have a copy of this for every boy and man when you register at event/camp.)

Please print

NOTIFY IN AN EMERGENCY:

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Grade \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Ranger Outpost # \_\_\_\_\_ Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you ever been treated for any of the following? If yes, check the box.

- ☐ Heart disease
- ☐ Seizures
- ☐ High blood pressure
- ☐ Asthma
- ☐ Bronchitis
- ☐ Diabetes

Please provide additional information about any items (checked Yes) to left.

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

Date of last Tetanus booster \_\_\_\_\_  
(month and year)

Please identify any allergies, physical impairments or limitations: \_\_\_\_\_

\_\_\_\_\_

Please list any medications being taken: \_\_\_\_\_

\_\_\_\_\_

Do you wear: (If yes, check the box.)

- ☐ Contacts
- ☐ Glasses
- ☐ Dental appliance

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: \_\_\_\_\_  
(POLICY HOLDER)

MEDICAL / HOSPITAL INSURANCE COMPANY: \_\_\_\_\_

POLICY OR CERTIFICATE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER'S GROUP: \_\_\_\_\_

NUMBER: \_\_\_\_\_ SUBSCRIBER'S DATE OF BIRTH: \_\_\_\_\_

In case of emergency, I hereby give permission to the physician to render treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia, surgery or injection of medication.

\_\_\_\_\_  
Signature (Parent, if minor) Date

Name of person to contact (Commander or Adult) on premises for information:





## ACTIVITY SUPERVISORY CERTIFICATION FORM

This form is to be completed for all persons involved in the supervision or custody of minors while attending any District activity involving children and youth. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program.

**It is mandatory that any adult attending the event listed below have a background check by the church listed below. The church listed below will be the responsible party to ensure that this individual listed below has had a background check within the last 12 months of this event.**

**PLEASE PRINT CLEARLY:**

Name of District Event: **FCF Frontier Adventure**

Date: **May 19 – May 21, 2023**

Your Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Church / Pastor's Email address: \_\_\_\_\_

**Does your church have a written child abuse policy on file?    ☐ YES    ☐ NO**

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➤ **PASTOR'S CERTIFICATION OF CHURCH WORKER(S):**

I am personally acquainted with the above named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. Those named above have completed a screening application that is on file with this church.

**Pastor's Signature of Affirmation\*** \_\_\_\_\_

**Pastor's Email address** \_\_\_\_\_

**\*Participation in this district event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.**



# Frontiersmen Camping Fellowship

## Buckskin Application



Name \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Church \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_ Outpost # \_\_\_\_\_

Activities in church other than Royal Rangers \_\_\_\_\_

\_\_\_\_\_

### Present Royal Rangers Position

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Group Leader              | <input type="checkbox"/> Asst. Group Leader | <input type="checkbox"/> Outpost Coordinator |
| <input type="checkbox"/> Asst. Outpost Coordinator | <input type="checkbox"/> Outpost Committee  | <input type="checkbox"/> Outpost Chaplain    |
| <input type="checkbox"/> Adventure Ranger          | <input type="checkbox"/> Expedition Ranger  | <input type="checkbox"/> Pastor              |

### Buckskin Requirements

#### Boys Only

- Earn the following required skill merit: List date of completion
  - Knife and Hawk: \_\_\_\_\_
- Earn at least (1) of the following skill merits: List date of completion
  - Basketry: \_\_\_\_\_ ◦ Pottery: \_\_\_\_\_ ◦ Dutch Oven Cooking: \_\_\_\_\_
  - Blacksmith: \_\_\_\_\_ ◦ Metalwork: \_\_\_\_\_ ◦ Hide Tanning: \_\_\_\_\_
  - Carpentry: \_\_\_\_\_ ◦ Woodwork: \_\_\_\_\_ ◦ Animal Husbandry: \_\_\_\_\_
  - Masonry: \_\_\_\_\_ ◦ Leather Craft: \_\_\_\_\_ ◦ Any Arrowhead Merit:  
Name: \_\_\_\_\_  
Completed: \_\_\_\_\_
- Choose one:
  - ☐ Adventure Bronze Award ☐ Expedition Rangers E1 Award
  - Provide a copy of your certificate for verification with this application

#### Leaders Only

- Complete the Trained level of OLAL – Provide a copy of your Trained Certificate with this application
- Name of the boy sponsored into FCF membership: \_\_\_\_\_

**Boys and Leaders**

- Be an FCF member in good standing for one year. Date joined FCF: \_\_\_\_\_
- Earned Company Trapper award in Trappers Brigade. Date: \_\_\_\_\_
- Date and location of the Frontier Adventure you assisted in: \_\_\_\_\_
- Are you a member in good standing in your church? Y N
- Are you an active member of your local chartered outpost? Y N
- Complete a Buckskin Challenge.

*Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Buckskin Challenge.*

**PASTOR'S ENDORSEMENT/COMMENTS**

*Does the candidate live his life in a Christ-like manner? Please explain:*

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Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS**

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Outpost Coordinator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and lifelong servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for advancement to Buckskin."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fees: (determined by chapter) \_\_\_\_\_

Mail application and fee to: \_\_\_\_\_

**Chapter Use Only**

Date received:	Amount paid:	Date notified of Buckskin Challenge location and date:

SECTION	SUBJECT
FCF ADVANCEMENT	SCOUT APPLICATION

### Scout Application – Sectional, Chapter, Territorial, National

This application is to be used to submit your name to be considered for Sectional Scout / Assistant, Chapter Scout / Assistant, and Territorial Scout / National Scout.

**This application should be mailed to your Chapter President or Territorial Representative**  
**Postmarked 30 days prior to the scout testing to be eligible to be selected as scout.**

Date: \_\_\_\_\_ FCF Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Church: \_\_\_\_\_ Section: \_\_\_\_\_ Outpost #: \_\_\_\_\_

Is your Outpost Currently Chartered? ☐ Yes ☐ No  
Level applying for: ☐ Sectional ☐ Chapter ☐ Territorial/National

#### 1. FCF Advancement

☐ Frontiersmen ☐ Buckskin ☐ Wilderness

#### 2. Trappers Brigade

☐ Company Trapper ☐ Bourgeois ☐ Free Trapper # \_\_\_\_\_  
☐ Pathfinder ☐ Bronze ☐ Silver ☐ Gold

#### 3. Royal Rangers Advancement

☐ Adventure Bronze ☐ Adventure Silver ☐ Adventure Gold  
☐ E1 Award ☐ E2 Award ☐ E3 Award  
☐ Gold Medal of Achievement ☐ GMA w/Merit ☐ GMA w/ Honor

#### 4. Junior Leadership Development (Check all Junior Training events you have attended)

☐ RTC ☐ JTC ☐ AJTC ☐ BAC ☐ CAC ☐ WSAC ☐ AAC  
☐ MAC ☐ SAC ☐ SSAC ☐ Junior Academy ☐ Trail of the Saber Medal

#### 5. Outpost Leadership -What leadership positions have you held in your outpost?

☐ Asst Patrol Leader ☐ Patrol Leader ☐ Asst. Sr. Patrol Leader ☐ Sr. Patrol Leader ☐ Jr. Commander  
☐ Outpost Scout ☐ Communications Spec. ☐ Historian ☐ Chaplains Aide ☐ Gear Manager

What position do you presently hold in the outpost? \_\_\_\_\_

#### 6. Events (Check all that you have attended in the last 12 months)

☐ National Camporama ☐ National Rendezvous ☐ Territorial Rendezvous ☐ Camporee / Powwow  
☐ Chapter Trace ☐ Frontier Adventure ☐ Winter Trace ☐ Primitive Trek ☐ FCF Business Meeting

- List any sports, clubs, or special activities you participate in at school or other venues.

\_\_\_\_\_

- Please list any hobbies or musical activities you are involved in.

\_\_\_\_\_



SECTION	SUBJECT
FCF ADVANCEMENT	SCOUT APPLICATION

### Personal Commitment

I realize the importance of displaying integrity, respect, and courtesy in my personal life, social media, my outpost and at Royal Ranger events that I may attend as a scout. I will strive to display Christian character in all areas of my life, understanding that I represent the Royal Rangers Ministries during my term as scout.

\_\_\_\_\_  
*Candidate's Signature* *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

### Endorsements

**After completing the application, you must get your outpost coordinator's and pastor's approval. You will also need to distribute and collect the Personal Reference forms.**

\_\_\_\_\_  
*Outpost Coordinator's Signature* *Date*

If 18, please verify the below statement before signing. If a minor, there is no need for the youth worker's screening form. However, the application still requires the pastor's signature.

I am personally acquainted with the 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 worker's screening form.

\_\_\_\_\_  
*Pastor's Signature* *Date*  
(Lead, Associate, Children's, Youth, or Board Member)

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### **Endorsement for Territorial/National selections ONLY**

I verify that the above named scout candidate is an active member of our chapter.

\_\_\_\_\_  
*Chapter FCF President Signature* *Date*

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This application will be retained indefinitely in the national Royal Rangers office in electronic format.



## FRONTIERSMEN CAMPING FELLOWSHIP OFFICER PROCEDURES AND GUIDELINES



SECTION	SUBJECT
8.18 FORMS	PERSONAL REFERENCE FORM

### FRONTIERSMEN CAMPING FELLOWSHIP SCOUT OR JUNIOR FIELD ADVISOR

This form is required when applying for FCF Scout or JFA at any level. In order to gain a clearer picture of the individual applying, this reference page should be given to **three** individuals making the character references. Follow the guidelines below for those references. Family members are **not eligible** to complete the reference form.

One Royal Rangers leader **OR** pastor

Two other adults outside the church—teachers, coaches, employers, etc.

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

This young man is applying for a leadership role in the Frontiersmen Camping Fellowship. FCF is part of the Royal Rangers ministry, which is a mentoring program for future men that will provide Christlike character formation and servant leadership development for boys and young men in a highly relational and fun environment. FCF members portray the undaunted courage and determination of the American frontiersmen on which its lore is based by using pre-1840 period camping skills, gear, and outfits as tools in developing mentorship, leadership skills, and spiritual advancement. The mission of FCF is to develop a spirit of servanthood among its members to give of their time and energy.

\_\_\_\_\_  
Please rate the applicant on the following items (1 is low; 5 is high). You are welcome to add brief comments where appropriate.

**Low High**

**1 2 3 4 5**

Is the applicant a positive role model?

Does the applicant have good communication skills?

Does the applicant demonstrate leadership ability?

Is the applicant enthusiastic and motivated?

Is this applicant responsible and dependable?

Do you know of any reason why this applicant would not be suitable for working with minors? No Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to candidate \_\_\_\_\_

This application will be retained indefinitely in the national Royal Rangers office in electronic format.