

**FRONTIERSMEN CAMPING FELLOWSHIP**  
**North Carolina Royal Rangers**  
**Old Hickory Chapter FCF**  
 Application for Admission



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

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

Address \_\_\_\_\_

E-mail \_\_\_\_\_

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

Spouse's Name, If Married \_\_\_\_\_

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

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Date Joined RR \_\_\_\_\_

**Complete the following section by providing the date each requirement was earned.**

Rope Craft \_\_\_\_\_ Date Completed \_\_\_\_\_ Lashing \_\_\_\_\_ Date Complete \_\_\_\_\_

Fire Craft \_\_\_\_\_ Date Complete \_\_\_\_\_ 1<sup>st</sup> Aid Skills \_\_\_\_\_ Date Complete \_\_\_\_\_

Cooking \_\_\_\_\_ Date Complete \_\_\_\_\_ Camping \_\_\_\_\_ Date Complete \_\_\_\_\_

Compass \_\_\_\_\_ Date Complete \_\_\_\_\_ Tool Craft \_\_\_\_\_ Date Complete \_\_\_\_\_

|  |
|--|
| <p>Check One</p> <p><input type="checkbox"/> Adventure Ranger</p> <p><input type="checkbox"/> Expedition Ranger</p> <p><input type="checkbox"/> Leader</p> |
|--|

Explain Plan of Salvation \_\_\_\_\_ Date Complete \_\_\_\_\_ Leaders Only: Complete Ranger Basics Module \_\_\_\_\_ Date Complete \_\_\_\_\_

Explain meaning of 4 Red, 4 Gold and 8 Blue points of the Ranger Emblem \_\_\_\_\_ Date Complete \_\_\_\_\_

Outpost # \_\_\_\_\_, of \_\_\_\_\_ (Church Name) \_\_\_\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_

\_\_\_\_\_, recommends that Ranger \_\_\_\_\_ (State) \_\_\_\_\_ (Name) \_\_\_\_\_

be considered for admission into the Frontiersman Camping Fellowship.

\_\_\_\_\_  
 (Pastor's Signature)

\_\_\_\_\_  
 (Senior Commander's Signature)

\_\_\_\_\_  
 (Scribe's Signature)

\_\_\_\_\_  
 Sponsor's Name and E-mail (preferred) or phone

**Senior Pastor:** Applicant (Commanders only) is morally and spiritually fit to the best of my knowledge and has never been involved in any immoral or improper relationships with boys or girls or youth. I confirm that we have done a background check and have an approved Children's Worker Application on file for this person.

Yes  No

**For Official Use Only**

Given FCF Name: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

**Received**

**Reviewed**

**Passed  
Frontier Adventure**

**Failed  
Frontier Adventure**

Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Buckskin Prerequisite Study

Buckskin Advancement Application

Amount Paid \$ \_\_\_\_\_