

ADULT VOLUNTEER APPLICATION

(Over 21 Only)

GIVE FORM TO YOUR PACK COORDINATOR



Cub Scout Day Camp 2017

Camp Location: _____

1 of 2 Pages

Name _____

Address _____

City/Zip _____

Telephone _____ 2nd# _____

District _____ Pack # _____

Email _____

All Scout and adult registrations and medical forms, as well as your payment, **must be turned in to your pack**. Packs will then register both Scouts and adults on a separate, single form turned in to your District Day Camp Director, with a pack check.

Questions? www.craterlakecouncil.org, then "Activities", then "Day Camp".

T-Shirt Size (circle one)

Small

Med

Large

X-Large

XX-Large

XXX-Large

Indicate days available: **Setup** **Take Down** **Monday through Friday (5 days)** (*Some camps are Mon-Thur), or **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

If you volunteer for every day you will receive a free t-shirt. Otherwise the cost is \$12.00. Payment should be given to your Pack and included with the pack's registration.

All adult volunteers need to attend a camp orientation. For locations and times, see the listing for your Day Camp at the Council website listed above. You must also turn in a BSA medical form, parts A & B (see web page for form).

Are you currently a registered leader in BSA? _____ Do you have current Youth Protection certification? _____

Have you worked as staff for Cub Scout Day Camp before? _____

List any special training (CPR, Shooting Sports, WSI, etc.) _____

Please indicate work preference.

Den Leader

Asst. Den Leader

Station Leader

Tag-A-Longs

First Aid

Trading Post Manager

Other

Talents and interests:

Skits

Songs

Games

Crafts

Archery

Day Care

Scout Craft

Leather

Wood

Sports

BB gun

Other

Do you have a child requiring daycare while at camp? If so, a Tag-A-Long application and payment is also due to your pack's Day Camp Coordinator. Please indicate days your child will be at camp, and include payment of \$3 per day.

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Day Camp Volunteer Agreement

In accepting this position, I agree to:

1. Be responsible to the Day Camp Director
2. Accept the principles of the Boy Scouts of America, and complete Youth Protection Training
3. Attend a Camp Orientation
4. Notify the Camp Director at least one day in advance of absence
5. Understand that BSA is not responsible for valuables, personal equipment, or money brought to camp
6. Understand that the District Executive or Camp Director reserves the right to cancel this agreement
7. Serve in a position even though it may not be with your child's den.

In accepting this applicant, the Day Camp Director agrees to:

1. Provide training and instruction appropriate to the position
2. Support the applicant in his/her role at camp

Applicant: _____

Date: _____

Medical Information

Parts A and B of the *Annual BSA Health and Medical Record* form are now required for all those attending Day Camp (campers, adult volunteers and den chiefs). An exam by a physician is not required. The form may be downloaded from www.craterlakecouncil.org, then “Activities”, then “Day Camp”. When done, save it for future use, keep the original and submit a copy for camp use. Medical personnel ask that you please put dates on the immunization portion of the form, or for adults, writing “current” will suffice. **Tetanus information is especially critical.** A copy of your insurance card is also required, as stipulated in Part A. If not insured, write “None”.