

DEN CHIEF APPLICATION
(14 to 18 years only)



Cub Scout Day Camp 2017

Camp Location _____

1 of 2 pages

Name _____

Address _____

City/Zip _____

Telephone _____

Rank _____

Email _____

DISTRICT:

TROOP #:

SCOUTMASTER:

Indicate days available: **Monday through Friday** or **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Have you completed Den Chief Training? (Circle one) Yes / No Date _____

Have you volunteered for Day Camp before? (Circle one) Yes / No

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

Talents and interests: Skits Songs Games Crafts
Archery Day Care Scout Craft Leather Wood
Sports BB guns Other _____

Day Camp Staff 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
3. Take training appropriate to the position
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

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

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

Applicant _____ Date _____

Scoutmaster Signature _____ Date _____

Scoutmaster Phone _____

Submit this form, along with medical form, to your Day Camp Director no later than May 15, 2017.

See Back Side for Medical Information

Medical Information

Parts A and B of the new *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/Camps/Day%20Camp. 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; writing “current” is not sufficient. A copy of your insurance card is also required, as stipulated in Part A. If not insured, write “None”.