National Capital Area Council, BSA

Medieval Adventures: Cub Scout Day Camp 2011

Day Camp Staff Volunteer Application 2011

(Applicant must be at least 14 years of age or serving as a Den Chief or Program Assistant)

FILL OUT THIS APPLICATION COMPLETELY. TURN IN TO YOUR DISTRICT EXECUTIVE or DISTRICT DAY CAMP DIRECTOR or MAIL WITH YOUR UNIT'S DAY CAMP REGSITRATION.

DISTRICT _____ **CAMP LOCATION** _____ **DATES** _____

PERSONAL INFORMATION:

Name _____ Birth Date:_____

Address _____

City _____ State _____ Zip _____

Home Phone (_____)_____ Work Phone (_____)_____

REFERENCES: Name _____ Phone _____
Name _____ Phone _____

[ ] I will serve for all five days (in a program area) of the Day Camp. Therefore, my son can attend camp FREE,

OR

[ ] I will serve for all five days (in a program area) as a Junior staff member and receive a $75 credit toward camping at Goshen Scout Reservation (I am a registered youth member and over age 14)

OR

[ ] I am under age 14 and will serve as a Den Chief with my actual Den OR as a Program Assistant under the direct supervision of my parent/guardian or Boy Scout troop leader

AND

[ ] I'm willing to learn and follow all NCAC, BSA Rules, Regulations, and Standards.

EXPERIENCE: Registered Scout Leader? (Y) (N) Position_____ _____ Pack/Troop # _____

Trained? [ ] Fast Start [ ] NLE [ ] Position Specific_____ [ ] Pow Wow [ ] Camp, as: _____

[ ] I have a CPR Certificate, Exp. Date_____ [ ] I have a First Aid Certificate, Exp. Date_____

[ ] I have volunteered before, in the following position: _____

I give permission for my photo/image to be used in any NCAC publications including website:

_____

Special Interest:

[ ] Sports	[ ] Archery	[ ] Nature
[ ] Crafts	[ ] BB guns	[ ] First Aid
[ ] Games	[ ] Songs/Skits	[ ] As Needed

T-shirt size (one shirt is included at no cost): [ ] Adult Small [ ] Adult Medium [ ] Adult Large [ ] Adult X-Large [ ] Adult 2X-Large [ ] Adult 3X-Large

I would like to purchase _____ **additional staff** shirts at $12.00 each ($15 for 2XL and 3XL)

ALL PERSONS ATTENDING MUST COMPLETE AND TURN IN A PERSONAL HEALTH AND MEDICAL RECORD FORM WITH APPLICATION!