

Application for Cub Scout Day Camp

for Adult Volunteers

Will attend June July Camp

Must attach
Family Summary Sheet, & Medical Forms
**Please read the Volunteer Section of the
Application Cover Letter Before Proceeding!**
Please PRINT or Type!

Adult volunteer ✓ Check desired days:

1-2 days - No Registration Required

3 days* - M T W Th F

4 days* - M T W Th F

5 days* - All week

*All 3, 4, & 5 day volunteers must attend training seminars.

Dates will be posted on our website, www.dulaneybsa.org

Is a scout attending Day Camp with you: Yes No
If yes please list:

Scout's Name	Pack #
Scout's Name	Pack #

Adult Volunteer Contact information (information will not be shared)

Name	BSA Membership #
Street Address	City, State Zip code
Work Phone	Home/Cell Phone E-mail

Position at Camp ✓ Check desired

<input type="checkbox"/> Squad Leader Requirements: Must be registered in Scouting. Must be a 5 day volunteer Must have current Youth Protection Plan Training _____ You will be overall leader, like a Den Leader. You will be assigned assistance.	<input type="checkbox"/> Den Walker Requirements: Must have current Youth Protection Plan Training _____ You will assist the Squad Leader. If we do not get enough Squad leaders, some walkers will be assigned as Squad Leaders	<input type="checkbox"/> Station Leader Requirements: Must be BSA registered & Youth Protection Trained Must be a 5 day volunteer Number your top 3 choices: ___ Adventure (theme-based) ___ Fishing ___ Junior Camp ___ Science ___ Sports ___ Scout Skills ___ Art Shooting Sports (require 1/2 day Certificate course): ___ BBs ___ Archery ___ Slingshot	<input type="checkbox"/> Station Helper Requirements: Youth Protection Training and BSA registered preferred
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Note: Barring staffing problems, we will place you with the boys from your Pack.

Registration and Certification:

- Currently Registered in Scouting Yes No - Must be **Yes** for Squad Leader/Station/Staff Position **BSA #** _____
 Circle one: Pack / Troop: _____ District: _____ Current Position: _____
- Current Youth Protection Training Yes No (**Attach copy of certificate**)
- Certified in: CPR Yes No First Aid Trained Yes No (**If Yes attach a copy of Certification/s**)
- Medical Training (include a copy of your most recent certification - required for camp inspection)
 Please check current status of training: None EMT RN LPN MD Other: _____

Medical information No one will be allowed into camp without Part A & B of BSA Medical and supplement attached.	I have attached the 3 medical forms : _____ _____ Initials
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I have read the Application cover letter and understand all of the duties expected of me during camp

Signature: _____ **Date:** _____

Staff Use ONLY: T _____ C _____ A _____ J _____ Y _____