

2020 CUB SCOUT DAY CAMP

Adult Staff Application



Name _____ Over 21? _____ If NO, what is your age? _____

Street Address _____ City/State/Zip _____

Phone (Home) _____ Work _____ Cell _____

Email address _____

What is the best time & method to reach you? _____

Emergency Contact _____ Relationship _____

Phone (Day) _____ (Evening) _____

T-shirt size? Medium _____ Large _____ X-Large _____ 2X-Large _____ 3X-Large _____

(Additional shirts may be purchased for \$10)

Which days will you be staffing Day Camp (*circle*) Set-up M T W Th F Tear-down Total # _____

Are you currently registered with the Boy Scouts of America? Yes No If NO, signed Contract? _____

District _____ Unit (Pack/Troop/Crew) _____ Position _____

Previous day camp background: _____

Scouting background: _____

Are you certified in any of the following? Please provide camp with a copy of the certification.

CPR/AED _____ Agency _____ Expiration date _____

First Aid _____ Agency _____ Expiration date _____

Nurse/EMT/Dr (specify) _____ Agency _____ Expiration date _____

Training dates: Youth Protection _____ Weather Hazard _____

YOUTH PROTECTION IS REQUIRED FOR ALL ADULTS AT CAMP

Interests, Hobbies, Skills: _____

Activity Preference: _____

Please complete this application form and sign the job description which serves as a letter of agreement.