



# Cub Scout Day Camp

## Adult Staff Application

Please Print clearly

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Name City, State, Zip Code

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

BSA Member? \_\_\_\_\_ District: \_\_\_\_\_ Unit # (Pack/Troop/Crew) \_\_\_\_\_  
(All applicants must be registered with BSA)

Position in Unit? \_\_\_\_\_ T-shirt size (Adult Small-5x): \_\_\_\_\_

Which Days will you be staffing Day Camp (circle)  M  T  W  Th  F total # days: \_\_\_\_\_

Are you able to help at Set up (day before camp) and/or Tear down (day after camp)? \_\_\_\_\_

Are you certified in any of the Following? Please provide camp with a copy of Certification

CPR  First Aid  Nurse  EMT  Doctor

All Staff Members must have Youth Protection Training and Weather Hazard Training

YPT Exp. Date: \_\_\_\_\_ WH Exp. Date: \_\_\_\_\_ Field Sport Exp. \_\_\_\_\_

Interests, Hobbies, Skills: \_\_\_\_\_

Any Special Needs you may have: \_\_\_\_\_

Previous Day camp and Scouting background: \_\_\_\_\_

Activity Preference:  Field Sports  Games  Crafts  Scout Skills  Academic  STEM

**Please Attach a Copy of Your Current Health Form, BSA Membership Card, Youth Protection and Weather Hazard Certificates**  
**Also include any Field Sports, CPR/First-Aid, EMT, Nurse or Doctor certifications**  
**All will be returned to you at the end of Camp**

Please Return this Application and Required Copies to the Day Camp Director