

Cub Scout Day Camp Youth Staff Application

Please Print clearly



Name: _____ DOB _____
You must be 14 by the First Day of camp

Unit #: _____ Rank: _____ District: _____

Street Address: _____
Street Name City, State, Zip Code

Parent or Guardians Name(s): _____ Phone: _____

E-mail: _____ Parent/Guardian Email: _____

Emergency Contact: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Have you Been Day Camp Staff Before?: _____ If Yes, Year(s) _____

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? CPR First Aid

Staff Members must have Youth Protection Training & Weather Hazard Training and Member of BSA

YPT Exp. Date: _____ WH Exp. Date: _____

Interests, Hobbies, Skills: _____

Activity Preference: _____

I _____ agree to abide by the rules of the camp and to follow the direction of the Day Camp Directors and Administrative Staff. By My actions I will set a good example for the Cub Scouts, Dress in the Appropriate Cub Scout Day Camp Uniform and help provide a Safe and enjoyable camp experience for the cub scouts and their Adult Leaders.

Signature of Applicant

Signature of parent or Guardian

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

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