



2016 Kaw Day Camp Adult Staff Volunteer Application

(not adults walking with packs)

First & Last Name _____

Address _____

City/State/Zip _____

Cell Phone _____

Home Phone _____

Email _____

Birthdate ____/____/____

Current with Youth Protection Training? ☐ Yes ☐ No {Required documentation, please attach to form}

Are you registered with BSA? ☐ Yes ☐ No

Membership Number _____

Unit # _____

Position _____

Emergency Contact _____

Cell Phone _____

Home Phone _____

T-Shirt Size ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

Which days will you be volunteering? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Please indicate if you are certified in any of the following and attach documentation to this form

☐ CPR Certifying Agency _____ Exp Date _____

☐ First Aid Certifying Agency _____ Exp Date _____

☐ Nurse Certifying Agency _____ Exp Date _____

☐ EMT Certifying Agency _____ Exp Date _____

☐ Doctor Certifying Agency _____ Exp Date _____

Interests, Hobbies, Skills _____

Previous Day Camp Background _____

Scouting Background _____

Day Camp Preference _____

Please complete this form and attach any necessary documents and submit to Day Camp Director or Program Director. ALL adults MUST be Youth Protection Trained AND Venturing Youth Protection Trained