

VOLUNTEER STAFF APPLICATION

2010 Cub Scout Camping

General Requirements:

1. Be currently registered with the Boy Scouts of America, if not you must register as *Camp Staff*
2. Subscribe to the Purposes of Cub Scouting
3. Follow the policies and procedures of Cub Scout Camp
4. Be in good physical health
5. Meet the age requirements as outlined
6. Attend training sessions

Name: _____ Cub Scout's Pack #: _____

Cub Scout's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

Email Address (please print carefully): _____

Full week volunteer; please select shirt size: ___ M ___ L ___ XL ___ XXL ___ XXXL

Please Circle Volunteer Days:

Week 1 June 28 - July 2 M T W Th F	Week 2 July 12-16 M T W Th F	Week 3 July 26-30 M T W Th F	Week 4 August 2-6 M T W Th F	Week 5 August 9-13 M T W Th F	Week 6 August 16-20 M T W Th F
Fun with Son 1 June 19-20	Fun with Son 2 July 10-11	Fun with Son 3 July 17-18	Webelos Fun with Son Weekend August 6-8		

Please check the positions you are applying for and indicate 1st, 2nd, 3rd choice:

Adult Positions

- | | | |
|-----------------------------------|----------------------------------|-----------------------------|
| _____ Den Guide | _____ Archery Range ¹ | _____ BB Range ¹ |
| _____ Science/Nature | _____ Scout Skills | _____ Sports |
| _____ Tot Lot | _____ Theme Area | _____ Crafts |
| _____ Health Officer ² | | |

Youth Positions

_____ Den Chief (13 and under with parent/guardian) Choose Preferred location from above _____

¹ Minimum age 21 and requires certification in appropriate shooting sport.

² Minimum age 21 and requires current certification of CPR for the Professional Rescuer.

Please describe any additional skills or interests you are able to bring to camp: _____

If you are currently registered, please indicate council and unit: _____

Camp Experience: Staff Positions _____ Dates Held _____

Please list three (3) references:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant signature (required): _____ **Date:** _____

(If the applicant is under 18, signature of parent or guardian and the unit leader are required)

Parent/Guardian _____

Unit Leader _____

Emergency Contact Information:

Name _____ Relationship _____ Telephone (____) _____ Cell (____) _____
Name _____ Relationship _____ Telephone (____) _____ Cell (____) _____
Name of Personal Physician _____ Telephone (____) _____
Personal Health/Accident Insurance Carrier _____ Policy Number _____

Allergies:

Food* Yes / No **Plants** Yes / No **Medicines** Yes / No **Insect Bites** Yes / No **Other** Yes / No

Please explain circled information _____

***Cooking is a part of the Day Camp program and we need to be aware of any and all food allergies. For food allergy concerns please contact the Camp/Program Directors.**

Any reason to restrict activities including, but not limited to, swimming, long hikes, or strenuous physical games? Yes / No

Any special equipment such as orthopedic or handicap devices, glasses, contacts, dentures? Yes / No

If Yes to either question above, please explain _____

Please complete the BSA Annual Health and Medical Record Parts A and C. Completion of the medical form is required for attendance at Day Camp.

A copy of the medical form can be obtained at the Scout Service Center or accessed via http://scouting.org/filestore/pdf/34605_Letter.pdf

Tot Lot services are available for non-scout children of camp volunteers. Will you need this service? YES / NO (Please complete Tot-Lot/Girls' Group forms as applicable.)

PLEASE RETURN THIS FORM TO: BURLINGTON COUNTY COUNCIL, B.S.A.
P.O. BOX 246,
RANOCAS, NEW JERSEY 08073