

Volunteer Application

2012 Cub Scout Traveling Day Camp

 Adult Volunteer
 Boy Scout/ Youth

Pack/Unit #

District

D.O.B.(mm/dd/yyyy)

Last Name

First Name

Cell Phone

Home Phone

Work Phone

Email

Address

City State

ZIP

1. Emergency Contact Name & Phone _____

2. Emergency Contact Name & Phone _____

CAMP DATES AND LOCATION - PLEASE CHECK YOUR CAMP CHOICE

Session	Dates:	District	Location
<input type="checkbox"/> 1	June 11 - 15	Johnny Appleseed Trail	Richland Rural Life Center, Mansfield
<input type="checkbox"/> 2	June 25 - 29	Johnny Appleseed Trail	Ashland Eagle Lodge, Ashland
<input type="checkbox"/> 3	July 9 - 13	Harding Area	Timothy Lutheran Church, Marion
<input type="checkbox"/> 4	July 16 - 20	Harding Area	Location TBD
<input type="checkbox"/> 5	July 16 - 20	The Fireland	Firelands Scout Reservation, Wakeman
<input type="checkbox"/> 6	July 23 - 27	The Fireland	Knights of Columbus, Bellevue
<input type="checkbox"/> 7	July 23 - 27	Great Frontier	High Meadows Park, Elyria
<input type="checkbox"/> 8	July 30 - Aug. 3	Great Frontier	Weiss Field Park, Avon Lake

What area would you like to volunteer?

<input type="checkbox"/> BB – Gun Range	<input type="checkbox"/> Handi-crafts
<input type="checkbox"/> Archery Range	<input type="checkbox"/> Scouting Skills
<input type="checkbox"/> Fishing	<input type="checkbox"/> Field Sports
<input type="checkbox"/> First Aid / Health officer	<input type="checkbox"/> Group Leader (Boy Scouts)
<input type="checkbox"/> Other _____	

Days I am volunteering:

 Mon. Tue. Wed. Thur. Fri.

I have training/certification for:

 YES* NO CPR Certification

 YES* NO First Aid Training

**If YES, attach a copy of your card.*

Day Camp T-shirt:

 I am serving all 5 days as a camp volunteer and would like my free T-shirt.

 I am not serving all 5 days as a camp volunteer and would like to purchase a T-shirt for \$_____

My T-shirt size:

 AS AM AL XL XXL XXXL

REQUIRED FORMS/DOCUMENTS TO BE INCLUDED:

- Completed and signed - Parts A & B of the BSA Annual Health and Medical Record
- Copy of your current Youth Protection Certificate

Volunteer Agreement

As a role model for Cub Scouts, I understand that I will not smoke, drink alcoholic beverages, use profanity or any abusive language, or in any other manner fail to uphold the standards of the Boy Scouts of America. I understand that if I attend day camp volunteer training and work at the camp every day, I will receive no compensation for my services except the reward of working with Cub Scouts. I also understand that I must have a current Youth Protection certificate in my possession while at camp and provide the camp director with a copy.

Signature: _____

Date: _____