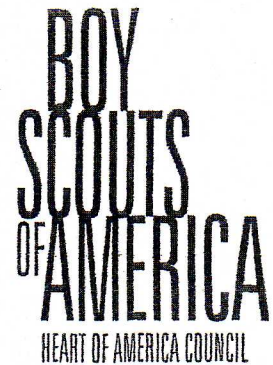


# Cub Scout Day Camp Adult Staff Application



*Please Print*

Name \_\_\_\_\_ Over 21? \_\_\_\_\_ If NO, what is your age? \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Number \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

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

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

T-Shirt Size? Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large \_\_\_\_\_

Which days will you be staffing Day Camp (*circle*) M T W Th F Total # \_\_\_\_\_

Are you currently registered with the Boy Scouts of America? \_\_\_\_\_ District \_\_\_\_\_

Unit #(Pack/Troop/Crew) \_\_\_\_\_ Position in Unit \_\_\_\_\_

Are you certified in any of the following? Please provide camp with a copy of certification.

CPR \_\_\_\_\_ Certifying agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid \_\_\_\_\_ Certifying agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Nurse \_\_\_\_\_ Certifying agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

EMT \_\_\_\_\_ Certifying agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Doctor \_\_\_\_\_ Certifying agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Youth Protection \_\_\_\_\_ Date taken \_\_\_\_\_

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

Previous Day Camp Background: \_\_\_\_\_

Scouting Background: \_\_\_\_\_

Activity Preference: \_\_\_\_\_

*Please complete this application form and sign the job description which serves as a letter of agreement.*