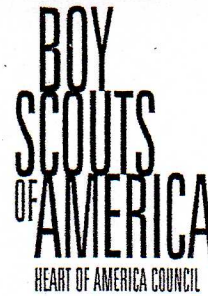


Cub Scout Day Camp Youth Leader Application



Name: _____ Troop/Crew No.: _____ Rank: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Birth date: _____ (You must be 14 by the first day of camp)

Emergency Contact _____ Relationship _____

Day Phone _____ Evening Phone _____ Other _____

Have you been on Day Camp staff before? _____ If Yes, year(s) _____

Can you work all days of camp? _____ If not, specify days you can work _____

T-shirt size: Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large _____

Do you need transportation? _____ Will you need verification of service hours? _____

Are you currently trained in CPR _____ First Aid _____ (Please attach copy of card(s))

Do you have a job preference? _____
Job assignments are at the Director's discretion

You must be a currently registered member of BSA.

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 complete this form, mail it along with a copy of your current BSA health form to your District Day Camp Director.