

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.