

JUNIOR DRIVER (Youth Staff) APPLICATION FORM

(14 -18 years old registered Scout. Contact Director with questions.)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE Cell: _____ Work: _____

EMAIL ADDRESS: _____ @ _____

PARENTS NAME: _____

Circle T-Shirt Size (This will be your official uniform for Day Camp each day):

(Extra shirts are available, just add \$15/shirt unless XXL or larger \$17.50)

AS AM AL XL XXL Other _____ Additional Shirts _____

Unit #: _____ Current Rank/Position: _____

Specify any previous Day Camp experience or training

Are you CPR certified? Y / N Exp date _____

First Aid Certified Y / N Exp date _____

Parental Agreement:

I, _____, give my permission for my son/daughter to work as a day camp volunteer.

Parent Signature: _____

YOUTH VOLUNTERR CAMP AGREEMENT:

I, _____, agree to abide by the Day Camp rules and to follow directions of the Day Camp Director and administrative staff. I agree to attend training on the time, date and location discussed with the Day Camp Director and or Program Director. I will set a good example for the Cub Scouts under my direction, and I will provide a safe and enjoyable camp experience for the Cub Scouts. I agree to notify the Day Camp Director if I am unable to attend camp on any day I have volunteered to work. I agree that, in case of unforeseen situations beyond my control or that of the Day Camp Director or Program Director, either reserves the right to terminate this agreement immediately.

Signature _____ **Date** _____

ADULT STAFF APPLICATION FORM

(21 yrs. old minimum)

Registered Leader? _____

I will serve as a: Driver (Den Leader) or Pit Crew Manager (station)

Preferences for placement (see list in leaders guide): _____

NAME: _____ DOB: _____

ADDRESS: _____

PHONE Cell: _____ Work: _____

EMAIL ADDRESS: _____ @ _____

Circle T-Shirt Size (This will be your official uniform for Day Camp each day):

(Extra shirts are available, just add \$15/shirt unless XXL or larger \$17.50)

AS AM AL XL XXL Other _____ Additional Shirts _____

Unit #: _____ Current Position: _____

Specify any previous Day Camp experience or training _____

Are you CPR certified? Y / N Exp date _____

First Aid Certified Y / N Exp date _____

ADULT VOLUNTERR CAMP AGREEMENT:

I, _____, agree to abide by the Day Camp rules and to follow directions of the Day Camp Director and administrative staff. I agree to attend training on the time, date and location discussed with the Day Camp Director and or Program Director. I will set a good example for the Cub Scouts under my direction, and I will provide a safe and enjoyable camp experience for the Cub Scouts. I agree to notify the Day Camp Director if I am unable to attend camp on any day I have volunteered to work. I agree that, in case of unforeseen situations beyond my control or that of the Day Camp Director or Program Director, either reserves the right to terminate this agreement immediately.

Signature _____ **Date** _____

Bring completed forms by May Roundtable or email to Charles Heath
(odgen.ks.scouts@gmail.com reference Day Camp Volunteer in Subject)