

6 & 20 DISTRICT CUB SCOUT DAY CAMP VOLUNTEER APPLICATION

PLEASE CIRCLE: ADULT (18+) or YOUTH

Volunteer's Name: _____ Scout Unit #: _____
Street Address: _____ City/State: _____ Zipcode: _____
Home Phone Number: (____) _____ Cell Phone Number: (____) _____ YP Date: _____
Email Address: _____

A photocopy of your up-to-date Youth Protection card (18+years) needs to be turned in with this completed form. Please contact Trista Kane at (864) 622-9868 or cubscoutdaycamp620@gmail.com if you need help getting a copy from council.

Please circle if you are certified or interested in being certified in:

Certified Interested in certification American Red Cross CPR/AED or approved equivalent
Certified Interested in certification American Red Cross Standard First Aid or approved equivalent

Station Choice: **Please indicate your choice 1, 2 and 3 in order of desire:**

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Archery* | <input type="checkbox"/> Fishing** | <input type="checkbox"/> Den Chief |
| <input type="checkbox"/> BB's* | <input type="checkbox"/> Medical*** | <input type="checkbox"/> Scout Skills |
| <input type="checkbox"/> Canoe** | <input type="checkbox"/> Crafts | <input type="checkbox"/> Tot Lot |
| <input type="checkbox"/> Swimming** | <input type="checkbox"/> Den Leader | <input type="checkbox"/> Anywhere! |

** Archery and BB's require range certification **Fishing, Swimming and Canoeing require online training in Safety Afloat and Safe Swim Defense. ***Medical requires specific certification. All certifications should be attached to this form.*

Hobbies, Interests, Vocations: Please make us aware of your skills _____

How long have you been attending day camp or first time? _____

Will you be at camp all 5 days? (Circle ONE) YES NO - If NO please list when available

T-Shirts: Each 5-day Adult Volunteer will receive 1 Day Camp Shirt on the first day. Additional shirts are \$12 per shirt. All volunteers will receive a patch.

- Youth Small Youth Medium Adult Small Adult Medium
 Adult Large Adult X-Large Adult XX-Large Adult XXX-Large

Number of shirts: **1 FREE** shirt plus _____ additional shirts @ \$12/shirt = \$ _____

Training:

All Camp Staff, Den Leaders & Adult Volunteers are required to attend a Camp Leader training session prior to Camp to go over the Volunteer Manual, Emergency Procedures, Health & Safety, and Camp Rules. To be announced soon.

Contact Trista Kane at cubscoutdaycamp620@gmail.com or 864-622-9868, if you have any questions.

Refund requests will be at the discretion of the District Executive.
Make *check* payable to **Six and Twenty Cub Scout Day Camp.**

Signature _____ Date _____

Registrar Use ONLY: _____ payment rec'd _____ health form rec'd _____ training completed