

**2021 Baden-Powell Council Cub Scout Day Camp Staff Application**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_ Female \_\_\_\_ Male

Date of Birth (Required) \_\_\_\_\_

<p><b>I plan on volunteering at the following Camp(s)</b></p> <p>____ Montrose Campground</p> <p>____ Cole Park</p> <p>____ Lansing Rod and Gun Club</p> <p>____ Marvin Park Owego (2 days)</p> <p>____ Clinton Park (Bainbridge (2 days))</p>	<p><b>T-Shirt Size (Please circle one):</b></p> <p>YXL Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL</p> <p>Extra T-Shirt: _____ (\$10.00)</p> <table border="0"> <tr> <td><b>First Aid Training</b></td> <td><b>Wilderness First Aid Training</b></td> </tr> <tr> <td>Y or N Date: _____</td> <td>Y or N Date: _____</td> </tr> <tr> <td><b>CPR Trained</b></td> <td><b>*Youth Protection Training</b></td> </tr> <tr> <td>Y or N Date: _____</td> <td>Date: _____</td> </tr> </table>	<b>First Aid Training</b>	<b>Wilderness First Aid Training</b>	Y or N Date: _____	Y or N Date: _____	<b>CPR Trained</b>	<b>*Youth Protection Training</b>	Y or N Date: _____	Date: _____
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Y or N Date: _____	Date: _____								

**I wish to Volunteer for the following position(s) indicate preference with 1, 2, or 3**

<b>(21 +)</b>	<b>(18 +)</b>	<b>(14 +)</b>
____ Camp Director	____ Den Leader	____ Den Guide
____ Program Director	____ Asst. Den Leader	____ Program Aide
____ Asst. Program Director	____ Archery Director	
____ Health Officer	____ Fishing Station	<b>(12-14)</b>
____ BB Gun Director	____ Science Station	____ Program Helper*
	____ Crafts Station	<i>*Must be with Parent</i>
	____ Field Sports Station	
	____ Scout Skills Station	
	____ STEM Station	

**Scouting or Relevant Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Worked at Camp Scout Day Camp in the past: Y or N**

**Current Registration:** Position \_\_\_\_\_ Unit \_\_\_\_\_ District \_\_\_\_\_

**Must be a Registered Member of the BSA**

*\*Date Youth Protection Training was completed* \_\_\_\_\_

Name of Unit Leader of your Child's Pack \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Child Attending Day Camp \_\_\_\_\_

Name of Child Attending Day Camp \_\_\_\_\_

Name of Sibling Attending Day Camp \_\_\_\_\_ Shirt Size \_\_\_\_\_ Age \_\_\_\_\_

Name of Sibling Attending Day Camp \_\_\_\_\_ Shirt Size \_\_\_\_\_ Age \_\_\_\_\_

(Continue on Back)

**If accepted as a staff member, you will be expected to fulfill the following requirements:**

- Attend a training
- Help set up program areas
- Volunteer entire session of camp and only pay \$80.00 for each of your children to attend Day Camp
- Plan program activities
- Wear official day camp uniform (staff T-Shirt and shorts or long pants)
  - One T-shirt will be given but more can be purchased by noting on the front of this sheet.
  - Will not alter staff T-Shirt
- Bring a sack lunch daily, including drink
- Conduct yourself in a Scout-like manner at all times
- Help out as necessary when asked by the Camp Director or Program Director
- Submit input for day camp plan
- Meet national standards
- \*Complete BSA Youth Protection (must be taken within 1 year of Day Camp)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age (Parent): \_\_\_\_\_

***Current Scouts B.S.A. Only***

Name of Scoutmaster of your Troop: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Scoutmaster's Signature: \_\_\_\_\_ Date: \_\_\_\_\_