

# VOLUNTEER STAFF AGREEMENT FORM

**(Submit with health history forms for YOURSELF and ANY SIBLINGS)**

Name Unit #Pack Troop Crew

Address City Zip

Phone Email T-shirt size S, M, L, XL  
 Cell Phone

**(If Volunteer is under 18)** Scouting Position Scout rank Grade in Fall

Have you served on this day camp staff before? Y N When Position

Other camp staff positions

My preferred placement: 1<sup>st</sup> choice 2<sup>nd</sup> Choice

Current Certifications (or Merit Badges):  CPR exp.  First Aid exp.  YPG exp.  
 Archery  BSA Lifeguard  National Camp School exp. Other(s)

Please provide copies of your certifications.

( ) initial I agree to VOLUNTEER my services for Cub Scout Day Camp for the following:

June 2009  JULY 2009  ALL WEEK or  M  T  W  Th  F

( ) initial I agree to provide a copy of my Driver's License and Youth Protection Guidelines as required by BSA.

( ) initial I agree to abide by current policies for camp staff members as well as BSA policies and standards.

( ) initial I agree to live up to the Scout Oath and Law and Youth Protection Guidelines.

( ) initial I have attached a self-reported health history form with copies of my certifications.

( ) initial I will attend the Cub Scout Day Camp Staff training at a time and date to be determined.

( ) initial I understand I might **not** be placed in my son's den at camp as den leader.

( ) initial I understand my discount applies to only one scout at a rate of \$10 per day for each day I work at camp. Additional scouts in the same family will pay full price.

**The following children will require Day Care. The camp cannot provide day care for children less than 2-years of age or more than two (2) siblings. You will be charged \$10.00 per child for the first day and \$5.00 for each additional day for this service. Submit a completed health history form for each child. All children must have their own health insurance.**

Name Age T-shirt size YS, YM, YL, YXL  
 Name Age T-shirt size YS, YM, YL, YXL

Signature

Date