ADULT VOLUNTEER REGISTRATION

Must be in Office by June 27!

Pack or Troop Number if Applicable

Over 21?  □ YES  □ NO  Date of Birth

Last Name: ___________________________  First Name: ___________________________

Home Phone # ___________________________  Cell Phone # ___________________________

Email Address: __________________________________________________________________

Mailing Address: ________________________________________________________________

City: __________________________________________  State: ________  Zip: ____________

Which day(s) you will be volunteering with Day Camp? (put X in which days you can help)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setup</td>
<td>Setup</td>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3 /Teardown</td>
</tr>
</tbody>
</table>

T-shirt Size:  □ SM  □ MED  □ LG  □ XL  □ 2X  □ 3X

Cost of T-shirts: $8.00

** YOUR T-SHIRT IS FREE IF YOU VOLUNTEER FROM 8:30AM-4PM ON ALL THREE DAYS (W/T/F). **

I would like to volunteer in the following area(s): Check all that apply.

☐ Walker __________________________________________ (Name of child you would like to walk with)

If necessary, would you walk with another group?  □ YES  □ NO

☐ Cub Crafts  ☐ Tot Lot  ☐ Fishing  ☐ Sports & Games
☐ BB Gun Range  ☐ Archery Range  ☐ Nature  ☐ Wrist Rockets
☐ Cub cooking  ☐ Webelos’s Cooking  ☐ BMX  ☐ Other

Previous Day Camp Experience:

________________________________________________________________________

Are you registered with Boy Scouts of America?  □ YES (Position: ________________)  □ NO

Are you Youth Protection Trained?  □ YES  □ NO

Scouting Background: _______________________________________________________

Are you certified in any of the following? If so, please attach a copy of your certification(s).

☐ CPR  Certifying Agency __________________________  Expiration Date __________
☐ First Aid  Certifying Agency ______________________  Expiration Date __________
☐ Nurse or Dr.  Certifying Agency _____________________  Expiration Date __________
☐ EMT  Certifying Agency ___________________________  Expiration Date __________

*** BSA ANNUAL HEALTH & MEDICAL RECORD – PARTS A & B IS REQUIRED
FOR ALL ADULTS ATTENDING CAMP ***

There is no charge assigned to Adult Volunteers!
Training is Required! See back of form for training dates.

Day Camp Director: Mischele Cheek, 614-783-0051