



**EAGLE BAY CUB SCOUT DAY CAMP 2021**  
*"Wild Wild West"*

**ADULT VOLUNTEER REGISTRATION**  
**Must be in Office by June 26<sup>th</sup> 30!**

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)

Monday	Tuesday	Wednesday	Thursday	Friday
Setup	Setup	Day 1	Day 2	Day 3 /Teardown

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 \_\_\_\_\_

**OFFICE USE ONLY**  
 Account:  
 1-6701-451-21

**\*\*\* 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: Michele Cheek, 614-783-0051**