



**MUST BE 14 YEARS OF AGE**

Scoutmaster Signature of Approval \_\_\_\_\_

Troop Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Circle: Male or Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parents 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). \*\***

Interest, Hobbies, Skills:  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Day Camp Experience:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*Training is required\*\*\***  
**SEE BACK FOR TRAINING DATES**

**There is no charge assigned to Scouts BSA Volunteers!**

**\*\*\*\*BSA Annual Health and Medical Form Parts A & B Required\*\*\*\***

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