

2011 Cub Scout Day Camp Volunteer/Staff Registration Form

PERSONAL INFORMATION - Required Information in Italics!

NAME: _____ HOME PHONE: { _____ } _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: {PLEASE PRINT CLEARLY} _____

DATA BELOW USED FOR BACKGROUND & SEX OFFENDER REGISTRY CHECK - A STATE REQUIREMENT

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES - Attach Description on Separate Sheet!

DATE OF BIRTH: Month _____ Day _____ Year _____ AGE FOR THIS SUMMER AS OF JULY 1st: _____

{PLEASE NOTE - Den Chiefs must be 14 by July 1st}

ONE OF THE TWO NUMBERS BELOW MUST BE PROVIDED FOR THE SEX OFFENDER CHECK!

SOCIAL SECURITY NUMBER: _____ - _____ - _____

VEHICLE DRIVER'S LICENSE NUMBER: _____ STATE: _____

EDUCATION & SCOUTING HISTORY - ARE YOU REGISTERED IN THE BSA?

YOUTH - YES NO CURRENT RANK: _____ UNIT TYPE & #: _____

ADULT - YES NO POSITION: _____ UNIT TYPE & #: _____

PREVIOUS YEARS AS A CAMP STAFF MEMBER: _____

PREVIOUS POSITION/S ON A CAMP STAFF: _____

CURRENTLY IN SCHOOL? YES NO SCHOOL/COLLEGE: _____

HIGHEST GRADE/LEVEL COMPLETED: _____ COURSE MAJOR: _____

CAMP INTEREST AREA - INDICATE 1st, 2nd & 3rd AREAS

Nature Staff Handicraft Staff Aquatics Staff Shooting Sports Staff

Games Staff Sports Staff Special Events Coord. Health Officer

Cub Den Leader Webelos Den Leader Den Chief - {Youth Position - Must be 14 by July 1st!}

Volunteer Leader on: M T W T My Adult T-shirt Size is: S M L XL 2X 3X

{Son is Attending Camp So Put Me Where You Need Me! - Must volunteer all 4 days to take the reduced Scout fee!}

I authorize the investigation of all statements contained in this application as may be necessary. I hereby declare that the information provided by me is accurate and correct to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____

Signature of Parent if Under 18: _____ Date: _____

Return To: Individual Camp Director or Scout Shop at – 3300 Chambers Rd. – Horseheads, NY 14845