

**2010 Piedmont District
Cub Scout Day Camp
Staff /Chaperon APPLICATION**

(ONE NAME PER APPLICATION)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: ____/____/____ **Home#:** _____

Cell #: _____

Email: _____

Current Scouting Position: _____

Activity Areas of interest and/or qualifications:

____ Crafts ____ Nature ____ Treasure Hunt ____ Music
____ Scout Skills ____ Games ____ BB's ____ Archery
____ Medical Staff ____ Registration _____

Please complete information below:

Are you a **BSA registered** member: ____yes ____ no

Have you **received BSA Youth Protection** training:

____Yes ____No date: _____

CPR certified: ____Yes ____ No

Date certified: _____

Trained in **American Red Cross First Aid:** ____Yes

____No Date: _____

Attended **BSA National Camp School:** ____Yes ____ No

Date: _____

Scouting experience (in years): ____youth ____adult

Please list any day camp experience:

- Chaperons **MUST** be at least 21 years of age *

IN CASE OF EMERGENCY NOTIFY:

Spouse: _____ Phone: (H) _____

Cell: _____ (B) _____

Mother: _____ Phone: (H) _____

Cell: _____ (B) _____

Father: _____ Phone: (H) _____

Cell: _____ (B) _____

Guardian: _____ Phone: (H) _____

Cell: _____ (B) _____

Please CIRCLE days you can work:

M T W Th F

Applicant Signature: _____

(Information below to be completed by Camp Staff)

Chaperon Work Area: _____

Scout's Name: _____

Scout's Den Name: _____