

**2011
SALEM DISTRICT
CUB SCOUT DAY CAMP**

**You must complete and Sign the
attached BSA Health Form
34605 Parts A and B,
also Youth Protection**



(Information below to be completed by Camp Staff)

Chaperon /Staff Work Area: _____

Scout's Name: _____

Scout's Den Name: _____



**2011 Salem District
FRONTIER DAYS
Cub Scout Day Camp
August 8-12, 2011**

**STAFF
APPLICATION**

NAME: _____

Registration Information:

Pack _____ Troop _____ Crew _____

Unit #: _____ District: _____

Position: _____

Day(s) of week you can work:

Please check all days that apply

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

2011 Salem District Cub Scout Day Camp

Staff Application

(ONE NAME PER APPLICATION)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ___/___/___

Pack/District/Council Position: _____

Spouse's Name: _____ Phone#: _____

Home Phone#: _____ Cell Phone#: _____

Email: _____

Activity Areas of interest and/or qualifications:

___ Crafts ___ Nature ___ Sling Shot ___ Scout Skills
___ Sports ___ BB's ___ Archery ___ Medical Staff
___ Registration

Please complete information below:

Are you a **BSA registered** member: ___ yes ___ no
Have you **taken BSA Youth Protection** training:
___ no ___ yes, Date: _____ (ATTACH CERTIFICATE)

CPR certified: ___ no ___ yes, date certified: _____
American Red Cross First Aid Certified : ___ no ___ yes,
Date: _____

National BSA Camp School Certified :
___ no ___ yes, date: _____

Tenure in Scouting: _____ (yrs)

Please list any day camp experience:

IN CASE OF EMERGENCY NOTIFY:

Spouse: _____

Phone: (H) _____ Cell: _____
(B) _____

Other _____

Relationship: _____

Phone: (H) _____ Cell: _____
(B) _____

Physician: _____

Phone: _____

Signature:

X _____ **Date:** _____