

**Cub Scout Day Camp 2018**  
 Central North Carolina Council,  
 Boy Scouts of America  
**Volunteer Staff Application**

FIRST NAME	LAST NAME	UNIT # _____ <input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> District Boy Scouts age _____ Rank _____
Address	City	Zip
Phone – Home	Phone – work	Phone – cell
E-mail address:	I have previous Cub Day Camp experience. Y / N	I am a registered member of the BSA <input type="checkbox"/> No <input type="checkbox"/> Yes Membership # _____ (on BSA membership card)

I would like to work at the summer day camp in the position indicated on the day(s) and time(s) marked:

**(choose in order of your priority #1 being the most important)**

**Anywhere needed** \_\_\_ Den Chief \_\_\_ Den Chaperone \_\_\_ Crafts \_\_\_ Games \_\_\_ Scouting Skills \_\_\_  
 First Aid Station\* \_\_\_ Fishing\* \_\_\_ Archery\* \_\_\_ BB's\* \_\_\_ Other \_\_\_\_\_  
 CPR Certified?  No  Yes – Expires: \_\_\_\_\_ (\*) BSA requirements apply for these positions

**Every adult must have taken Youth Protection training attach a copy as well as any pertinent certifications you have**

Week Session June 11-14 \_\_\_\_\_  
 Day(s): M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ **T-SHIRT SIZE:** \_\_\_\_\_

If you wish MORE than ONE (first shirt is FREE for full time staff members)  
 T-Shirt Quantity \_\_\_\_\_ @ \$10.00 ea. = \_\_\_\_\_

I understand that as a full time adult volunteer for the entire week, I will receive one free Staff T-shirt for the week.

**STAFF AGREEMENT - YOU MUST READ, UNDERSTAND AND SIGN**

- Upon signing this agreement...
- I understand this is a volunteer position offering no monetary compensation.
  - I understand that I must participate in staff training to fulfill my position. Saturday June 9<sup>th</sup> between 9 to 12 or Sunday June 10<sup>th</sup> between 2-5 at Camp Cabarrus.
  - I understand that there will be no abusive language tolerated by anyone at Camp.
  - I understand smoking will be only in a designated area and that I will have a qualified adult relieve me when necessary.
  - I understand alcohol and drug use is strictly forbidden.
  - I will keep confidential matters confidential; and will strive to see that each Scout has a positive Day experience.
  - I must be currently registered as a member of the BSA. (If you are not, the Camp Director will register you for the month of June only)
  - I need to provide a current medical history.
  - I must wear the required uniform as required by the Camp manual.
  - I will be bound by all Camp Policies and Procedures as detailed in the Staff Manual.
  - My services may be terminated at any time by the Camp Director.
  - I WILL HAVE FUN!!

**Please Mail to:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant (and Parent if under 18)

Date