

NFC BSA CUB SCOUT DAY CAMP

Adult Volunteer Registration Form

Unit Representing (P/T/C)# _____ CAMP ATTENDING _____

Full Name _____ Common (Nick) Name _____

Address _____ City/ST _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Staff Position Applying For (enter number of preferred choice: 1, 2, or 3)

- Den Leader Assistant Den Leader Craft / Sports Instructor Program Instructor
 I am a registered Adult member of the Boy Scouts of America, Unit # _____ Position _____
 I am an **OA Member** please report my hours. I need community Service Hour Letter.

I will volunteer on the following days (check all that apply)

- All Week Monday Tuesday Wednesday Thursday Friday
 Set Up Saturday Break down Friday Break down Saturday

I will volunteer for the following hours

- All Day Morning Only Afternoon Only

I am trained in the following areas

- CPR First Aid BSA Lifeguard Certified BSA Range master Other _____

If you are trained in any of these, please provide a photocopy of the certification with this agreement.

1 Free Shirt if you are working all week

Volunteer Shirt(s) (Number)

_____ Adult Small _____ Adult Med _____ Adult Large _____ Adult X-Lg _____ Adult 2XL _____ Adult 3XL

Extra Shirt(s) cost \$12 No of Shirts _____ X \$12 = _____

A separate complete registration form with class 1 medical history is required for all participants attending camp even if for only a few hours. Separate registration form is required for each camp they will attend.

Adult Volunteer Agreement

Upon signing this agreement

- I understand that this is a volunteer position offering no monetary compensation.
- I understand that I must participate in Volunteer training to fulfill my position.
- I understand that my attitude toward volunteer work should be professional.
- I will seek to be fair and consistent with the Scouts.
- I understand that there will be no abusive language tolerated by anyone at camp.
- I understand that I will follow the guidelines presented in the day Camp Guide and will assist, to the best of my ability in the Day Camp Operations.
- I will keep all matters confidential and will strive to see that each Cub Scout has a positive experience
- I will follow Youth Protection guidelines and all other guidelines set forth by the Boy Scouts of America, Inc.
- I am 21 or older years of age.
- **I WILL HAVE FUN.**

NOTE: By submitting a registration form, you are authorizing the North Florida Council, BSA to take photos of your Scout and family for promotional purposes ONLY. Photos will not be sold or utilized for any use outside of youth and volunteer recruitment by the North Florida Council, BSA.

I have read and understand this agreement.

Applicant's Signature _____ Date _____

(Over) Complete Medical History on Back

Adult Volunteer Name: _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY To be filled out by parent, guardian, or adult participant. Please print in ink.

Date of birth _____ Age _____ HOME Telephone _____

Name of spouse or relative _____ CONTACT WORK OR CELLULAR _____

Home address _____

City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ **Signature** _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answer

ALLERGIES: Food, medicines, insects, plants **Y/N** Explain: _____

GENERAL INFORMATION: Circle Y (yes) N (no) for all that apply

Y/N ADHD(Attention-Deficit Hyperactivity Disorder) **Y/N** Convulsions/seizures **Y/N** Hemophilia **Y/N** Asthma

Y/N Diabetes **Y/N** High blood pressure **Y/N** Cancer/leukemia **Y/N** Heart trouble **Y/N** Kidney Disease

Y/N Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ Pertussis _____ Rubella _____

Camp Use only

Job/Den Assignment _____ / _____ / _____

Attendance: Training _____ Setup _____ Take down _____

Mon _____ - _____ Tue _____ - _____ Wed _____ - _____ Thu _____ - _____ Fri _____ - _____

Shirt(s) Sizes issued

____ Adult Small ____ Adult Med ____ Adult Large ____ Adult X-lrg ____ Adult 2XL ____ Adult XXXL