

# NFC BSA CUB SCOUT DAY CAMP

## Youth Volunteer Registration Form

**Unit Representing (P/T/C)#** \_\_\_\_\_ **CAMP ATTENDING** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Common (Nick) Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Contact Phone** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Your District** \_\_\_\_\_

**Unit -**  Troop  Crew  Post # \_\_\_\_\_ **Scout Rank** \_\_\_\_\_ **Age:** \_\_\_\_\_

OA Member please report my hours  I Need Community Service Hour letter.

**Position Applying For:**  Den Chief/assistant  Youth Program Staff (Crafts, Sports, Ranges, Pool)  
 Program Staff - 1<sup>st</sup> Choice, \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**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  Den Chief

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 Sm** \_\_\_\_\_ **Adult Med** \_\_\_\_\_ **Adult Lrg** \_\_\_\_\_ **Adult X-lrg** \_\_\_\_\_ **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.

### Youth 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 Den Chief/Youth 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 follow all guideline set forth by the By Scouts of America, Inc.
- I will keep all matters confidential and will strive to see that each Cub Scout has a positive experience
- **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.**

**Youth's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give my son/daughter permission to participate in all activities of Cub Scout Day Camp and to serve as a Youth Volunteer Member. I understand that all activities at Day Camp are organized and supervised by approved and trained adults. In case of emergency, I understand that every effort will be made to contact me or the listed emergency contact. In the event that I cannot be reached, I hereby give permission for treatment and transportation of my child in my absence

**Signature of Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**(over) Complete Medical history on back**

Youth 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 \_\_\_\_\_ Telephone HOME \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ 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 of parent/guardian or adult** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_