Adult Volunteer Registration Form

2012 National Pike District Cub Scout Day Camp

◯ Pack ◯ Troop ◯ Crew ◯ Other Unit Number: ☐ LDS Unit Volunteer Status:

Last Name: First Name: MI:

Street Address: Home Phone:

City, State Zip: Email:

Emergency Contact Information (Enter at least one emergency contact)

Last Name:	Last Name:
First Name:	First Name:
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone:	Cell Phone:
Other Phone:	Other Phone:

Uniform T-Shirt

2012 Day Camp uniform T-shirts or BSA Class "A" uniforms are required for security purposes at Cub Scout Day Camp. All Cub Scout Campers, Jr. Campers, Youth Volunteers and Adult Volunteers (except 1-day volunteer) will receive one free shirt. Additional shirts may be purchased at an additional cost of $5.00 per shirt ($7.00 for Adult XXL or XXXL)

Shirt Size: Total Quantity: 1 Free *except 1-day Volunteer

Camp Staff cannot guarantee your placement. Camp Staff will make every effort to place you at your preferred position, but critical shortages may require your placement elsewhere. Refusal of placement may jeopardize the successful registration of your unit.

Days Volunteering (Check all days volunteering)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Preferred Location: (Check all positions that you would like to be stationed)

☐ Activity Station ☐ 5-day Den Leader ☐ Den Assistant

☐ Station Manager ☐ Camp Admin Staff ☐ Other

Registered Scouter: ☐ Yes ☐ No Scouter Position:

Other Training: ☐ Youth Protection Trained ☐ CPR ☐ EMT ☐ RN ☐ LPN ☐ MD ☐ First Aid

Please list any other preferences / skills that will help Camp Staff in your placement:

I understand that Day Camp is an all volunteer activity and that failure to help at camp for the time that I have indicated above may mean that I will be billed for unearned discounts, and / or that my child and others may not be able to participate in Day Camp activities.

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 for medication for my child (or for me, if participant is an adult). I also understand that photo images of my child may be taken for publicity and/or promotion purposes.

Signature: **Date:**

Last Name:

First Name:

MI: