

Okefenokee Area Council  
2009 CUB SCOUT DAY CAMP 2009 Youth Staff/Den Chief Application

PACK REPRESENTING (if any)# \_\_\_\_\_ DISTRICT: Satilla Osprey Coastal

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

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Unit # Troop/Crew/Post \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent's Day Phone \_\_\_\_\_ Parent's Night Phone \_\_\_\_\_

Position Applying For: Den Chief/assistant Youth Program Staff

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

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

I will volunteer for the following hours:

All Day Morning Only Afternoon/Evening Only

I am trained in the following areas

CPR First Aid BSA Lifeguard Den Chief Other \_\_\_\_\_

Please provide a photocopy of the certifications with this application.

Youth Staff 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 Staff 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 2009 and will assist, to the best of my ability in the Day Camp Operations.
- I will follow all guideline set forth by the boy 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!!

I hereby give my son/daughter \_\_\_\_\_ permission to participate in all activities of Cub Scout Day Camp and to serve as a Den Chief/Youth Staff 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 I have read and understand this agreement.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(Additional information on the back)

DAY CAMP LOCATION TO ATTEND: Satilla Osprey Coastal

Volunteer T-Shirt(s)

\_\_\_Adult Small\_\_\_Adult Med\_\_\_Adult Large\_\_\_Adult XL\_\_\_Adult 2XL\_\_\_ Adult 3XL

PREVIOUS LEADERSHIP EXPERIENCE: (TROOP OR SCHOOL, PAST AND PRESENT)

List all leadership positions held at previous Day Camps:

\_\_\_\_\_

JOB PREFERENCES: Please prioritize the positions (#1through #4) you would like at camp. Den Chief\_\_\_\_\_ Assistant Den Chief\_\_\_\_\_ Archery/BBs\_\_\_\_\_

Crafts\_\_\_\_\_ Obstacle Course\_\_\_\_\_ Skills\_\_\_\_\_ Sports\_\_\_\_\_

REFERENCES: Please list two people whom we can contact as references. At least one should know you through Scouting.

1) Name\_\_\_\_\_

Phone\_\_\_\_\_

2) Name\_\_\_\_\_

Phone\_\_\_\_\_

Please attach a Class 1/2 Scout Health form to this application.

Scout/Volunteer/Youth Name: \_\_\_\_\_

Camp Use only

Job/Den Assignment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Attendance: Training \_\_\_\_\_ Setup \_\_\_\_\_ Take down \_\_\_\_\_

Mon \_\_\_\_\_-\_\_\_\_\_ Tue \_\_\_\_\_-\_\_\_\_\_ Wed \_\_\_\_\_-\_\_\_\_\_ Thu \_\_\_\_\_-\_\_\_\_\_

Fri \_\_\_\_\_-\_\_\_\_\_

T-Shirt(s) Sizes issued

\_\_\_Adult Small\_\_\_Adult Med\_\_\_Adult Large\_\_\_Adult XL \_\_\_Adult 2XL \_\_\_ Adult 3XL