

Okefenokee Area Council High Adventure Adult Leader Application

Complete this Application and return to the Okefenokee Area Council no later than December 1st. to:
S. William Clark Jr. MD Scout Service Center, 302 Screven Ave, Waycross, Ga. 31501, or FAX 912-283-6019

General Information

| | | | |
|---|---|---|--|
| Name – First Name and Initial | | Last Name | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | |
| Driver's License and State | Date of Birth M/DD/YYYY | Sex | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |
| Address – Street or Box # | City | Zip | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |
| Day Time Phone | Evening Phone | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |
| Email Address | | | |
| <input style="width: 100%;" type="text"/> | | | |
| Emergency Contact | Relationship | Phone | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |

Position Information

| | | | | |
|--|---|---|--|--------------------------------------|
| What trip are you interested in? | <input type="checkbox"/> Philmont | <input type="checkbox"/> SeaBase | <input type="checkbox"/> Northern Tier | <input type="checkbox"/> Combination |
| How many times have you been to a National High Adventure Base? | <input type="checkbox"/> Philmont | <input type="checkbox"/> SeaBase | <input type="checkbox"/> Northern Tier | <input type="checkbox"/> Other |
| What Position are you applying for? (See position descriptions below) | <input type="checkbox"/> Council Contingent Leader | <input type="checkbox"/> Crew Advisor | <input type="checkbox"/> Advisor | |
| Council Contingent Leader: This position is the main person who coordinates the council contingent to a specific high adventure camp. For example, we may send 4 Crews of 12 to Philmont. The Council Contingent Leader is the volunteer who makes all the travel arrangements for the 4 Crews and is the lead volunteer for the trip. | Crew Advisor: This position is the adult volunteer who is in charge of a crew going to a high adventure camp. The Crew Advisor is in charge of making sure all the youth in a crew are properly prepared for the trip. They are also the lead volunteer on the trip for their crew. | Advisor: This adult volunteer serves as a positive role model on the trip. They help the crew advisor as needed and serve as two deep leadership on the trip. | | |

Skill Information and Experience:

| | | |
|--|---|---|
| Are you CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what organization are you certified with? Exp. Date? | Have you taken Youth Protection Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you take it? (Month/Year) _____/_____ | Are you SCUBA certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what certifications and organizations are you certified with? _____ |
| Please List any other BSA certification you currently hold. (BSA Lifeguard, Safety Afloat, etc.) _____ | Are you an Eagle Scout? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your current Scouting Position? _____ | What other Scouting Positions have you held in the past? Positions / Year _____ _____ |

Agreement:

If I am chosen, I agree to pay the regular fee for the contingent. I agree to conduct myself in accordance to the Scout Oath and Law at all times and understand that I am a representative of the Okefenokee Area Council. I also understand that there are physical requirements that must be met and to the best of my knowledge, I have no physical conditions that would prevent me from participating in a high adventure trek. I also understand that there is a height and weight chart and that I must meet the standard of this chart as regulated by the National Office of the Boy Scouts of America.

Signature _____

Date _____

For Council Use Only:

Date of Interview: _____

Time: _____

| | Scouting Record | Positive Attitude | Community Participation | Personal Appearance | Speaking Ability | Scouting Ideals | How Scouter relates to others | Leadership Record | Camping Experience |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Approved by: _____

High Adventure Committee

Council Vice President of Activities

Scout Executive

Position Offered: _____

Position Accepted: _____

Date _____