Los Padres Council Scouts BSA

Adult Application

North County Cub Scout Day Camp

Location : TBD

Monday June 15 through Friday June 19, 2020

8:00 am-3:30pm (M-Th)

10:00 – 7:00 pm (Family Potluck Dinner)

Adult Partner Registration is FREE

(Save $20 a day for every day you volunteer! Does not apply to Adult Partner)

Adult Partner\_\_\_\_\_\_ Adult Volunteer \_\_\_\_\_\_

(Please Mark One)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pack #: \_\_\_\_\_\_\_\_\_\_ BSA Member # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held in pack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle T-Shirt Size**

Adult S Adult M Adult L Adult X-L Adult XX-L Other\_\_\_\_\_

**BSA Training Completed (please provide Day Camp Staff with copies of all training certificates):**

\_\_ Youth Protection Training (required for all adults)

\_\_ Registration with BSA

Please complete BSA Health Forms A & B to be kept on file during camp and submit with your volunteer application. We will have an on-site free tot lot/sibling camp (children up to age 10) for the convenience of our Day Camp Volunteers and attending adults. Will you be needing this service? Y or N if yes, please fill out a registration form and health form for your additional child(ren). Use additional paper if necessary.

Sibling Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Adult Partner – Tigers parents are required to attend with their child(ren) and stay with them throughout the day. These Tigers would be current Lions, but will be Tigers by Daycamp, and going into 1st grade.**

I agree that I will follow the Scout Law and Scout Oath while guiding my child(ren) through their day camp experience.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Volunteer- Adult who is leading activities, guiding youth between stations or serving in some other working capacity for the day camp.

I agree to lead the youth and be at camp in accordance with the Scout Oath and the Scout Law.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return all completed forms to your Unit Coordinator.

Any Questions contact:

Day Camp Director: Jeanne Gard 805-238-0175 or daycamp19@gmail.com

Program Director: Amanda Lamar 805-610-1551 or daycamp19@gmail.com

 1-6801-607-21