



Staff Information and Recommendation Form

National Youth Leadership Training

Grand Canyon Council, BSA
2969 North Greenfield Road
Phoenix, AZ 85016-7715
Telephone 602-955-7747 Fax 602-955-0570

Council _____ District _____ Team Troop # _____

Staff Information:

Name _____ Rank _____ Age _____ DOB _____

1st Class Rank minimum 13+ on or before Session MM/DD/YY

Address _____

City/State/ZIP _____

Home Phone _____ Cell _____

E-mail address _____

Nametag required: Yes No

Name: _____

T-Shirt Size: Adult Sizes Only

(Check One)

S M L XL 2X

Parent or Contact Person

2013 Course Sessions and Dates

- March 11-15 ~ Heard Scout Pueblo
 - May 27 - 31 ~ Camp Geronimo
 - June 10-14 ~ Flagstaff-Sunset Crater
 - July 22 - 26 ~ Camp Geronimo
 - Dec. 26-28, 2013 & Jan. 2-4, 2014 ~ Heard Scout Pueblo*
- * Split session must attend both

Staff training dates differ with each session. Contact the Council Office for more information.

It is expected that each staff member will attend all Staff Training Sessions if possible.

Parent/Guardian Approval:

I give my son permission to serve as NYLT staff and will support him as much as possible.

Parent/Guardian Name (Print) Unit Leader (Signature) Date

Unit Leader Recommendation:

As the unit leader of this Scout(er), I give my recommendation for this individual to serve as NYLT staff.

Unit Leader Name (Print) Position Unit Leader (Signature) Date

As a staff member, I agree to the following statement:

"On my honor as a Scout, I promise that I will live faithfully according to the Scout Oath and Scout Law during the National Youth Leader Training. I will represent my troop with honor and do all I can to set an example in knowledge, skills and attitude as a staff member. I have reviewed the requirement and I am aware of the staff training schedule for the NYLT staff. I understand the time commitment involved and the high standards set for staff members. I am prepared to do my best."

Signature Date

The following is to be completed by the Course Scoutmaster or his designee.

Staff Position Assigned _____

Session Assigned: _____

Course Scoutmaster Assigned: _____ Physical/Medical Release on File: Yes

Notes: _____

