Los Padres Council Scouts BSA

Adult Application

Cub Scout Day Camp

1020 Creston Rd, Paso Robles, CA 93446

Monday June 17 through Friday June 21, 2019

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

10:30 – 7:00 pm (Family Potluck Dinner)

Adult Partner Registration is FREE

(Save $5 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 Small Adult Medium Adult Large Adult X-Large Adult XX-Large 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 tot lot/sibling camp (children up to age 6) 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1-6801-607-21

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**Adult Partner – Tigers parents are required to attend with their child(ren) and stay with them throughout the day.**

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

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