

Adult Staff 2010 Registration

Verdugo Hills Council Cub Scout Day Camp

<http://www.vhcbasa.org/campakela/index.htm>

Camp Akela 1 June 28 – July 2

Camp Akela 2 July 12 – 16

Please Print

Last Name: _____ First Name: _____ Home Phone () _____

Birth Date: _____ Age _____ Cell Phone () _____

Address: _____ City _____ Zip _____

Email: _____

Employer: _____

Employment Address: _____ City _____ Zip _____

Email: _____

Camp Newsletter and Information will be sent via email.

Scout Position: _____ OA Unit #: _____ Registered: Yes No

Are you Youth Protection Trained? Yes No CPR/First Aid Trained? Yes No

I volunteer for all five days of Day Camp. Yes No **OR** M T W Th F

I agree to follow all BSA Standards. I also promise to live the Scout Oath and Law at Day Camp. I will be at camp on the days indicated and I understand that my Day Camp assignment may be rotated. I will volunteer in all camp areas to the best of my ability and attend any required training sessions.

ALL ADULT VOLUNTEERS MUST HAVE YOUTH PROTECTION TRAINING AND DOCUMENTATION BROUGHT TO CAMP. NO EXCEPTIONS.

Date: _____ **Signature of Adult Volunteer:** _____

Have you worked with children in a group situation?

Yes Where _____ When: _____ No

Have you previously worked at a Cub Scout Day Camp?

Yes Where _____ When: _____ No

What are your talents/interests? _____

Reference (Not a relative)

Last Name: _____ First Name: _____ Phone () _____

Address: _____ City _____ Zip _____

ONE ADULT STAFF CAMP T-SHIRT IS PROVIDED EVEN IF ATTENDING BOTH CAMPS.

Adult Small Adult Medium Adult L Adult XL Adult XXL

List all your children who will be attending Day Camp (Camper, Siblings and Youth).

First Name: _____ Last Name: _____ Age _____ Camper Sibling Youth

First Name: _____ Last Name: _____ Age _____ Camper Sibling Youth

First Name: _____ Last Name: _____ Age _____ Camper Sibling Youth

First Name: _____ Last Name: _____ Age _____ Camper Sibling Youth

First Name: _____ Last Name: _____ Age _____ Camper Sibling Youth