

Istrouma Area Council
 Bogue Tutchenna District
 2010 Cub Scout Day Camp
 Five Lakes Campground – Bush, LA
 Boy Scouts of America

BOYSCOUT VOLUNTEER
 11 -18 years old
 11-13 PARENTS MUST BE ON GROUNDS

Fill out current Pack Info:

Troop of Scout _____
 Age of Scout _____
 Pack of Sibling _____

Check One: ___ Boy Scout ___ Venturer ___ Explorer ___ Eagle Scout

VOLUNTEER'S LAST NAME										VOLUNTEER'S FIRST NAME									
PARENTS' EMAIL																			
MOTHER'S LAST NAME										MOTHER'S FIRST NAME									
HOME PHONE #						CELL PHONE #						WORK PHONE #							
FATHER'S LAST NAME										FATHER'S FIRST NAME									
HOME PHONE #						CELL PHONE #						WORK PHONE #							

PLEASE CIRCLE WHICH SESSION(S) AND DAYS YOU WOULD LIKE TO VOLUNTEER

WEEK # 1: JUNE 7 –11 WEEK # 2: JUNE 14 – 18 BOTH WEEKS

ALL WEEK or Days: Monday Tuesday Wednesday Thursday Friday

Are you currently certified in CPR? _____ First Aid? _____ Lifeguard? _____ List others: _____
 If you have volunteered at Day Camp before, what year and position? _____

I CAN VOLUNTEER BEFORE AND/OR AFTER CAMP WITH: (Circle all that apply)

Orientation (May 15 8:30)	Swim Test (May 29 or June 2)	Week-end Setup (Sat. June 5)	Friday take Down (Fri. June 18)	Saturday Clean-up (Sat. June 19)
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I CAN HELP IN THE FOLLOWING AREAS: (Circle all that you have an interest in, cross out any you cannot work)

Nature (Likes Critters) **Skills** (Woodworking) **Scoutcraft** (Knots and Flag Etiquette)
Waterfront (must have swim & canoe merit badges)
Shooting Sports (must have rifle merit badge AND must attend training on 5/15)
Den Chief (complete prior requirements AND must attend training on 5/15)

Volunteers attending at least 2 full days of camp are provided with 1 day camp T-shirt.
PLEASE NOTE THAT YOU MUST REGISTER BEFORE APRIL 14, 2010 IN ORDER TO RECEIVE T-SHIRT(S)

Please Circle Adult T-Shirt Size: S M L XL 2X 3X

EXTRA SHIRTS AVAILABLE FOR \$10 EACH # EXTRA SHIRTS _____ X \$ 10 = _____

MAKE CHECKS PAYABLE TO YOUR PACK. TURN IN FORMS AND MONEY TO YOUR CUBMASTER OR PACK DAY CAMP COORDINATOR.

VOLUNTEER'S SIGNATURE: _____ Date _____

RELEASE BY PARENT/GUARDIAN (If Volunteer is under 18):
 I hereby certify that I am the parent/legal guardian of the above named registrant. I understand that he/she is applying for a volunteer position at Bogue Tutchenna District Cub Scout Day Camp, a program of the Istrouma Area Council, Boy Scouts of America. I hereby give my permission to the registrant to work at Day Camp and authorize Istrouma Area Council employees and/or volunteers to verify any information contained in this application. **The applicant and I both understand that this position is a non-paid, voluntary position.**

PARENT'S SIGNATURE: _____ Date _____

REGISTRATION WILL NOT BE COMPLETE WITHOUT:

- ___ COMPLETED REGISTRATION FORM
- ___ MEDICAL FORM: PART A & B (if necessary)
- ___ EMERGENCY CONTACTS
- ___ PAYMENT

QUESTIONS? Email: johannahowell1995@yahoo.com