

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

JUNIOR VOLUNTEER
 (14 -20 years old)
 NON-BOYSCOUTS AND GIRLSCOUTS

Fill out current Pack Info:

Pack of Scout _____
 Age of J.V. _____
 Male or Female
 (Circle)

JR. VOLUNTEER'S LAST NAME										JR. 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)

Crafts	Nature	Skills (Woodworking)	Waterfront (OVER 16 ONLY)	Gatorbites
Scoutcraft (Knots and Flag Etiquette)	Shooting Sports (must attend training on 5/15)		Headquarters (Gopher)	

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.

JR. VOLUNTEER'S SIGNATURE: _____ Date _____

RELEASE BY PARENT/GUARDIAN:
 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 _____
 (If Volunteer is under 18)

- REGISTRATION WILL NOT BE COMPLETE WITHOUT:**
- ___ COMPLETED REGISTRATION FORM
 - ___ MEDICAL FORM: PART A & B (if necessary)
 - ___ EMERGENCY CONTACTS
 - ___ PAYMENT

QUESTIONS? Email: johannahowell1995@yahoo.com