

2008 Bay Area Council Twilight Camp **ADULT VOLUNTEER** Registration and Health Form

Information to be filled out by parent or guardian. Please print clearly in ink.

REGISTRATION

CUB SCOUT DAY CAMP CLASS 1 PERSONAL HEALTH HISTORY

Volunteer: _____ Dist: _____ Pack: _____

Name: _____ Birth Date: ____/____/____ Age: _____

We will be attending the following Camp (circle one):

- June 9-13 Northern Star - Christa Adair Park
- June 16-20 Thunderbird – Alvin Rotary Park
- June 16-20 Coastal – Shamrock Ranch
- June 23-27 Cradle of Texas – Camp Karankawa

Name of Parent/Guardian: _____ Telephone _____

Home Address: _____ City: _____ State: ____ Zip: _____

Check all items that apply (past or present) to the Scout's Health History. Explain any "YES" answers.

Allergies: Food, Medicines, Insects, Plants YES ____ NO ____ Explain: _____

Please select your T-Shirt size: **YS YM YL AS AM AL AXL A2XL**

Additional shirts may be purchased for \$10. Free for Leaders. Qty: _____ Size _____

GENERAL INFORMATION:

	Yes	No	Yes	No	Yes	No		
ADHD	____	____	Convulsions / Seizures	____	____	Hemophilia	____	____
Asthma	____	____	Diabetes	____	____	High Blood Pressure	____	____
Cancer / Leukemia	____	____	Heart Trouble	____	____	Kidney Disease	____	____

I can volunteer on: **M T W Th F**

List any medicines to be taken at camp: _____

I will happily volunteer in one of the following areas:

_____ Den Leader _____ Asst Den Leader

List any physical or behavioral conditions that may affect or limit participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

Staying with your child? YES NO Child's Name/Rank: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

_____ Administrative (Registration/Communications/Den Buckets)

_____ Session Leader for _____

Immunization (Give DATE (Month and Year) of last inoculations): A copy of the school shot record will work if attached.

_____ Logistics _____ Camp Medic _____ Tot Lot _____ Mustangs

Tetanus Toxoid _____

Training/Certifications (please check all that apply and submit a copy of proof of online youth protection training and other licensure/certification):

____ Registered BSA Member (Required for all adult volunteers. If not, attach application form)

Name of personal Physician _____ Telephone _____

____ Online Youth Protection Training (IS required for ALL adult volunteers)

Personal health./accident insurance carrier: _____ Policy Number _____

____ CPR _____ First Aid

____ EMT/LVN/RN Certification

Exceptions to program: _____

____ BSA Cub Scout Rangemaster _____ BSA Safety Afloat

Signature: _____ Date: _____

____ BSA Lifeguard _____ BSA Safe Swim

Emergency Name _____ Contact Phone _____

____ Other: Please list _____

PHOTOGRAPHING AND VIDEO MEDIA WILL TAKE PLACE FOR PACK/DISTRICT/COUNCIL USE.

Questions? Call: _____

____ I have served on Twilight Camp Staff before. Yes / No

I certify that all information provided on this form is correct and I agree to the following:

- Attend one of the required orientations for Volunteer Staff
- Not possess alcohol, illegal substances, or personal firearms at any time while on campground premises
- Be courteous, patient, and helpful to all in camp
- Avoid abusive language, swearing, or aggressive behavior
- Wear walking shorts of proper length (if wearing shorts)
- Wear casual shoes or hiking boots (no open toe/heel shoes)
- Learn the requirements of and get the required training for the position for which I have volunteered
- Wear the camp t-shirt every day
- Bring issues to the attention of the Camp Director
- Have another adult present when disciplining a child
- **Assist** session leaders in all participating sessions

By signing below, I volunteer to be a staff member for the 2008 Cub Scout Day/Twilight Camp. I certify that all information provided on this form is correct and I agree to all terms at right.

Signed: _____ Date: _____

All adults at camp will be asked to help in some way - it is the only way we can provide the required support for all of the youth that will be at camp for the week. The more that can support for the entire week, the more consistent the program will be for the youth.

For Staff/Pack Registrar Use Only

BSA Registered

Proof of Training Included

Predator List Name Check Attached