

Yolo District
2007 CUB SCOUT CAMP
Youth Volunteer APPLICATION
June 18-22, 2007 - 6 pm to 9 pm each evening
Nelson's Grove, Woodland

DIRECTIONS: A Youth Volunteer must be a registered Boy Scout. Each Youth attending camp as a Volunteer must complete this form. This form must be signed by the Scoutmaster and Scout's parent or legal guardian then returned to the Day Camp Director. Youth Volunteers need to attend the Training on June 16,2007. Youth Volunteers will not be allowed to participate in camp activities they are there to help.

Troop # _____

Currently Serving as a Den Chief for Pack # _____ Den # _____

T-shirt size: (circle one) Youth: M L or Adult: S M L

I would like to help as: Den Chief (Must be 14) Den Helper Knots Woodworking Activity Station Runner Any

Please check day(s) attending: ___ Mon ___ Tue ___ Wed ___ Thur. ___ Fri

PLEASE PRINT:

Scout/Youth Name _____ Grade in Fall 2007 _____ Age _____

Address _____ City _____ Zip _____

Phone # _____ e-mail _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Emergency Contact: _____ Relationship _____ Phone # _____

The following individual(s) are authorized to pick up my son at camp: _____

List driver(s) excluded from transporting your child: _____

Medical Information:

Physician Name _____ Phone # _____

Allergies (Circle those applicable): Food Medicine Plant Insect NONE Other: _____

Convulsions YES NO Diabetes YES NO Asthma YES NO

Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO

Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

Explain any YES answers _____

List medications to be taken at camp. Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer. _____

Immunizations (give date of last inoculation):

Tetanus _____ Measles _____ Polio _____ Rubella _____

Diphtheria _____ Mumps _____ Pertussis _____ Other _____

IN THE EVENT OF AN EMERGENCY, I understand every effort will be made to contact the emergency contact listed above. In the event no one can be reached I hereby authorize the camp personnel to make such arrangements as deemed necessary in regards to transportation and emergency medical treatment.

Signature of Parent or Guardian X _____ Date: _____

I recommend this Scout/Youth to serve as a Volunteer for Cub Scout Day Camp

_____ (Scoutmaster's Signature For Boy Scouts/ Adult Reference for Other Youth Volunteers) (_____)

_____ (phone)

I give my child _____ permission to assist on the Archery and BB gun ranges.

_____ (Parent Signature)

I am offering my services to the Golden Empire Council as a volunteer member of Cub Scout Day Camp staff. I understand this is a volunteer service and I agree to behave in a manner suitable to the occasion and with respect for the Scout Oath and Law. _____ (Youth Volunteer Signature)

Recorded _____