

# ADULT VOLUNTEER STAFF REGISTRATION FORM ORION DISTRICT DAY CAMP June 22-25, 2010

(PLEASE PRINT ALL INFORMATION)

For office use only

A \_\_\_\_\_

C \_\_\_\_\_

H  S  Y

## ADULT STAFF INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Registered Scouter In:  Pack  Troop  Crew  Ship  Team #: \_\_\_\_\_

## STAFF COMMITMENT

I will be there during camp hours the following days: *(check as many as apply)*  
 Tuesday (June 22)  Wednesday (June 23)  Thursday (June 24)  Friday (June 25)

I am interested in working in one of the following areas: *(check as many as apply)*

<b>Cub Program</b> <input type="checkbox"/> Archery/BB Guns <input type="checkbox"/> Sports/Games <b>Other Program</b> <input type="checkbox"/> Tigers (Friday Only)	<input type="checkbox"/> Crafts <input type="checkbox"/> Science/Nature <input type="checkbox"/> Scoutcraft/First Aid <input type="checkbox"/> Siblings	<b>Administration</b> <input type="checkbox"/> Registration <input type="checkbox"/> Rangers	<input type="checkbox"/> Quartermaster <input type="checkbox"/> First Aid Provider <input type="checkbox"/> Security
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Other: \_\_\_\_\_

## REQUIREMENTS

Registered BSA Scouter (will be verified against District records)

Youth Protection Training completed since 6/26/2008 (please attach copy of YPT card or online confirmation)

OR

I will take Youth Protection Training online or at a training course before camp start

I will attend 2010 Camp Staff Training (Date TBD) - (or make other arrangements with Camp Director)

I will read and agree to the job description for my staff position

If you have any other certifications (First Aid, CPR, BSA Range, etc.), please attach a copy

## TEE SHIRT SIZE *(check one)* –

Small (34-36)  Medium (38-40)  Large (42-44)  XL (46-48)  2XL (50-52)  3XL (54-56)

## FEES

\$10.00 Staff Fees (1 T-shirt included)

\$ \_\_\_\_\_ (Qty \_\_\_\_\_) additional T-shirts at \$5.00 each (optional)

\$ \_\_\_\_\_ TOTAL FEES – payable to S.H.A.C. Acct. 1-6801-546-20

By submitting this application you are authorizing a criminal background check of yourself. This check will be made from public record sources. You will have an opportunity to review and challenge any adverse information disclosed by the check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Turn in the following to Camp Director or Registrar: <input type="checkbox"/> This completed form <input type="checkbox"/> Adult 2010 BSA Health History <input type="checkbox"/> Copies of your Certifications <input type="checkbox"/> Copy of YPT Card or online confirmation <input type="checkbox"/> Fees Refunds are at the discretion of the Camp Director	If you have any questions, please contact: Day Camp Director     Natalie West, 936-931-9517 <a href="mailto:daycamp@oriondistrict.org">daycamp@oriondistrict.org</a> Day Camp Co-Director     Rene Halbardier 281-468-2572 <a href="mailto:halbardier@hotmail.com">halbardier@hotmail.com</a> Registrar                     Cheryl Strain 281-379-3833 <a href="mailto:cherylstrain@hotmail.com">cherylstrain@hotmail.com</a> Website: <a href="http://www.oriondistrict.org/">http://www.oriondistrict.org/</a>
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