

YOUTH VOLUNTEER STAFF REGISTRATION (Ages 14-17)

ORION DISTRICT DAY CAMP

June 22-25, 2010

(PLEASE PRINT ALL INFORMATION)

For office use only

A _____

C _____

H

SCOUT INFORMATION

Name: _____ Date of Birth: _____ Age (as of 06/22/10): _____
 (Must be age 14-17 as of 6/22/10)

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Registered Youth in Troop Crew Team Ship #: _____ Rank: _____

PARENTS/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____ Home Phone: _____

Email Address: _____ Day/Cell Phone: _____

Persons Authorized To Pick Up Your Child: (other than parents or guardians listed above)

Name	Relation	Phone

STAFF COMMITMENT

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

Cub Program <input type="checkbox"/> Archery/BB Guns <input type="checkbox"/> Sports/Games	<input type="checkbox"/> Crafts <input type="checkbox"/> Science/Nature <input type="checkbox"/> Scoutcraft/First Aid <input type="checkbox"/> Siblings	Administration <input type="checkbox"/> Registration <input type="checkbox"/> Other: _____	<input type="checkbox"/> Quartermaster <input type="checkbox"/> First Aid Provider <input type="checkbox"/> Security
---	--	---	--

REQUIREMENTS

Registered Youth in BSA program

Must be approved by Scoutmaster and Youth Staff Advisor

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, Lifesaving, 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

Signature of parent/guardian _____ Date _____

Signature of Scoutmaster _____ Date _____

Signature of Youth Staff Advisor _____ Date _____

Turn in the following to Camp Director or Registrar: <input type="checkbox"/> This completed form <input type="checkbox"/> Youth 2010 BSA Health History <input type="checkbox"/> Scoutmaster Approval <input type="checkbox"/> Copies of your Certifications <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 daycamp@oriondistrict.org Day Camp Co-director Rene Halbardier, 281-468-2572 halbardier@hotmail.com Registrar Cheryl Strain 281-379-3833 cherylstrain@hotmail.com Website: http://www.oriondistrict.org/
--	--