



COLONIAL VIRGINIA COUNCIL



DAY CAMP STAFF INFORMATION -- Please PRINT CLEARLY

Name: _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

Are you First Aid trained? _____

Have you had CPR training? _____

I agree to serve as a STAFF MEMBER, as assigned by the Camp Director and/or Program Director for the Colonial Virginia Day Camps. I further agree to serve as a volunteer, in a manner consistent with the Cub Scout Promise and Law of the Pack, and National Standards of Cub Day Camping. The first interest of our camp is the boys.

I understand that I will not be paid in any way for my service to the BSA as a Day Camp Staff member. I will do my best to be cheerful and accomplish my assigned responsibilities.

I am a REGISTERED BSA Adult with Unit: _____. (Only registered BSA Adults may serve as Staff).

My Youth Protection Training was completed on: _____ I will provide a copy of my training card with this registration form.

Signed: _____ Date: _____

In order for this registration to be accepted, attach a BSA Medical form 680-001 Part A and Part B to this registration form before turning it in to Camp Director