



## COLONIAL VIRGINIA COUNCIL

### DAY CAMP



#### BOY SCOUT & TEEN VOLUNTEER 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 Boy Scout station staff assistant or TEEN assistant, 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 SCOUT LAW and I promise to set a good example for the Cub Scouts at Day Camp. I understand that I will not be paid in any way for my service to the BSA as a Day Camp staff assistant. I will do my best to be cheerful and accomplish my assigned responsibilities.

Boy Scout / Teen Sign \_\_\_\_\_ Date: \_\_\_\_\_

I am a REGISTERED Boy Scout with Unit: \_\_\_\_\_. (If scout is under 14 years old, their PARENT must be in camp at all times when the Boy Scout is volunteering or their Scout Master must be present at day camp.)

TEEN Volunteers -- Please send my volunteer hour verification to: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to be a volunteer staff assistant at Colonial Virginia Council Cub Scout Day Camp.

Parent Sign: \_\_\_\_\_ 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

**New Form Required Each Year, must be dated for the current calendar year**