	Adult Partner	Adult	Volunteer	_
Name:				
Mailing Address:				
City:				
Email:				
Day Phone:		Cell Phone:		
Pack #:		_ BSA Member	# (if applicable) _	
Position held in pack				
Allergies/Medications_				
Please Circle T-Shirt	Size			
Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large
BSA Training Compl	eted (please pro	ovide Day Car	np Staff with co	pies of all training
certificates):				
Youth Protection Tra	nining (required fo	or all adults)		
Registration with BS	A			
Please complete BSA	Health Forms	A & B to be ke	ept on file durin	g camp and submit
with your volunteer a	application. We	will have an on	-site tot lot/siblin	g camp (children up to age
12) for the convenience of	of our Day Camp V	Volunteers and	attending adults.	Will you be needing this
service? Y or N if	yes please fill out	a registration fo	orm and health for	rm for your additional
child(ren). Use addition	al paper if necessa	ary. **If there is	n't enough intere	st or we are unable to find a
volunteer for this group;	; I understand tha	t it could be car	icelled.	
Sibling Name				
Sihling Nama				

Any Questions contact:
Day Camp Director: April Wright-Litchfield
April.Wright@Scouting.org
C: (805)478-9375
O: (805)925-1955
Adult Partner- Attending adult with Tigers are required to attend with their boy and stay with them
throughout the day.
I agree that I will follow the Scout Law and Scout Oath while guiding my son through his day camp experience.
SignatureDate
Adult Volunteer- Adult who is leading activities, guiding boys between stations or serving in some
other working capacity for the day camp

I agree to lead the boys and be at camp in accordance with the Scout Oath and the Scout Law.

Signature______Date____