

**Tour Guides  
Adult Application  
Camino Real District Day Camp 2018**

**El Morro Church of the Nazarene  
1480 Santa Ysabel Ave, Los Osos, CA 93402**

**Monday June 25 through Friday June 29, 2018  
9:00am-3:00pm (M-Th)  
12:45 – 7:00 pm (Family Dinner)**

Adult Partner Registration is FREE

**Unit Coordinator** \_\_\_\_\_ **Adult Partner** \_\_\_\_\_ **Adult Volunteer** \_\_\_\_\_  
(Please Mark One)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Completed (please provide Day Camp Staff with copies of all training certificates):**

Youth Protection Training (required for all adults)

Registration with BSA

**Please complete BSA Health Forms A & B to be kept on file during camp and submit with your volunteer application.** We will have an on-site tot lot/sibling camp (children potty trained and up to age 6) for the convenience of our Day Camp Volunteers and attending adults. Will you be needing this service? **Y or N** If yes please fill out a registration form for Tot Lot and health forms for your additional child(ren). Use additional paper if necessary.

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

**Unit Coordinator** - Every attending pack **must** send at least two volunteers to serve in some capacity per 3 youth. Please contact Erica if this is prohibiting.

I agree that I will maintain records for my pack.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Adult Partner - Tiger Adult Partners are required to attend with their Tiger Scout and stay with them throughout the day.**

I agree that I will follow the Scout Law and Scout Oath while guiding my child through their day camp experience.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Adult Volunteer-** Adult who is leading activities, guiding youth between stations or serving in some other working capacity for the day camp.

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

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Please return all completed forms to your Unit Coordinator.**

**Any Questions contact:**

Day Camp Director/Program Director: Erica Mundell-McGilvray

Phone: (509) 338 7053

Email (preferred): [erica.mundell-mcgilvray@scouting.org](mailto:erica.mundell-mcgilvray@scouting.org)