



Bug Hunter Guides

Live Oak District

Cub Scouts Day Camp –Youth Volunteer Application

Santa Maria Day Camp: _____

Lompoc Day Camp: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Day Phone: _____ Cell Phone: _____ Troop #: _____

Allergies/Medications _____

Parent Information

Last Name _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Day Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____

Phone #: _____ Email: _____

Please Circle T-Shirt Size (Volunteer)

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

I understand that I am making a commitment to lead Cub Scouts in a manner consistent with the Scout Oath and the Scout Law.

Signature: _____ Date: _____

I give my child permission to participate in a leadership role at Bug Hunters Day Camp. I understand that my child is making a commitment to attend and will need to have reliable transportation to and from camp. I am willing to take responsibility for supporting my child in their efforts.

Signature: _____ **Date:** _____

Please complete BSA Health Forms A & B to be kept on file during camp and submit with your volunteer application. Any Questions contact:

Day Camp Director: April Wright-Litchfield at April.Wright@scouting.org (805) 478-9375