



# DEN LEADER APPLICATION FORM

## WORTHINGTON/BUCKEYE DISTRICT CUB SCOUT DAY CAMP

DUE May 25th with PACK ROSTER FORM

Send this form to: Worthington/Buckeye District Day Camp, Simon Kenton Council, BSA, P.O. Box 29207, 1901 E. Dublin-Granville Rd., Columbus, OH 43229-0207

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: H \_\_\_\_\_ W \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Are you a registered Scouter? \_\_\_\_\_ Unit \_\_\_\_\_

Scouting Position \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

Do you have any previous Day Camp experience or training? If so, please specify:

\_\_\_\_\_



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**DEN LEADER HEALTH INFORMATION**

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Home \_\_\_\_\_

Other Instructions \_\_\_\_\_

Please check if subject to or have had difficulty with (describe in detail any checked items):

- |  |                                   |                                      |  |
|--|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Allergy  | <input type="checkbox"/> Eyes        | <input type="checkbox"/> Ears          |
| <input type="checkbox"/> Nose            | <input type="checkbox"/> Throat   | <input type="checkbox"/> Lungs       | <input type="checkbox"/> Digestion     |

\_\_\_\_\_

Do you have any sport or medical restrictions? \_\_\_\_\_

Do you have any condition now requiring regular medication? \_\_\_\_\_

Name of Medicine \_\_\_\_\_

Is it with you? \_\_\_\_\_ If not, who has it? \_\_\_\_\_

**VOLUNTEER DAY CAMP AGREEMENT**

I, \_\_\_\_\_, agree to abide by the Day Camp rules and to follow directions of the Day Camp Director and administrative staff. I agree to attend training on the time, date, and location discussed with the Day Camp Director or Program Director. I will set a good example for the Cub Scouts under my direction, and I will provide a safe and enjoyable camp experience for the Cub Scouts. I agree to notify the Day Camp Director if I am unable to attend camp on any day I have volunteered to work. I agree that, in case of unforeseen situations beyond my control or that of the Day Camp Director or Program Director, either reserves the right to terminate this agreement giving two weeks notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Day Camp Director \_\_\_\_\_

Date \_\_\_\_\_