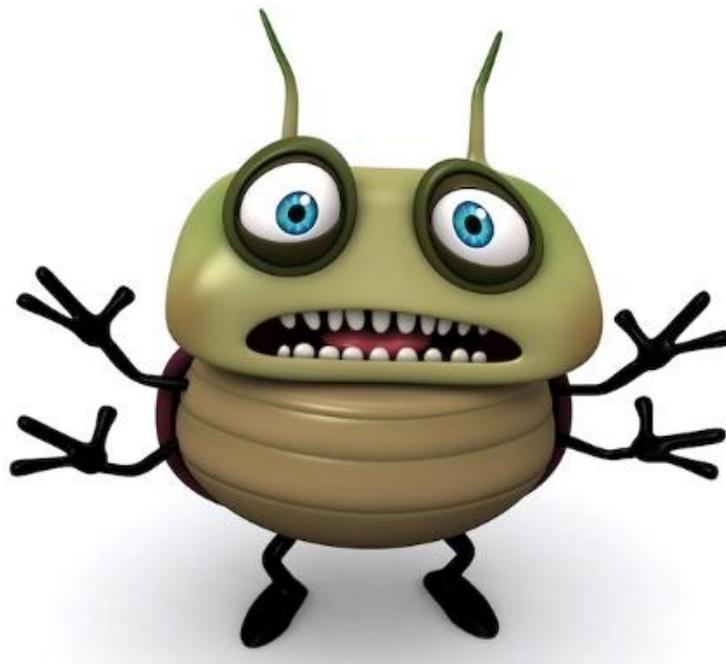


Pack Coordinator Handbook



BUG HUNTERS!

**2017 Colonial District
Cub Scout Day Camp
Gunston Hall Plantation
June 26 – 30, 2017**

Overview

Thank you for volunteering to be your Pack's Day Camp Coordinator! This handbook provides the information necessary for a Pack Coordinator to successfully guide their Pack in participating in the 2017 Colonial District Cub Scout Day Camp. Basic information about camp:

Date: June 26 – 30, 2017

Time: TBD, but camp generally runs from 9 am to 4 pm. Friday will be a half day.

Location: Gunston Hall Plantation, 10709 Gunston Road, Mason Neck, VA 22079

Who: Camp is open to all Cub Scouts and their Cub Scout aged siblings (e.g. their sisters!)

Activities: Participants at camp will enjoy many exciting activity stations including BB gun shooting, Archery, Crafts, Scout Skills, Nature and STEM.

Cost: \$190 if registered by early-bird deadline.

Key Dates

Date TBD	Pack Coordinator Webinar
March 8, 7:00 – 8:30 pm	Paperwork Turn-in @ Roundtable, Aldersgate United Methodist, 1301 Collingwood Rd, Alexandria, VA 22308
April 1	Campership (financial aid) application deadline
April 12, 7:00 – 8:30 pm	Paperwork Turn-in @ Roundtable, Aldersgate United Methodist
April 20, 6:30 – 8:30 pm	Paperwork Turn-in, Kingstowne Library, 6500 Landsdowne Centre, Alexandria, VA 22315
April 23	Early-bird registration deadline (\$190 fee)
May 10, 7:00 - 8:30 pm	Paperwork Turn-in @ Roundtable/Program Launch, Aldersgate United Methodist
May 21	Second registration deadline (\$210 fee)
June 25, Time TBD	Camp setup and Den Walker training
June 26 – 30	Day Camp

Staff Contacts

Camp Director: Rick Pitterle, rpitterle@gmail.com

Administrative Director: Julie Deluca, ginner06@yahoo.com

Program Director: Tony Springer, etspringer@verizon.net

Professional Scouting Advisor: District Executive Todd Bolick, Todd.Bolick@scouting.org

Duties of the Pack Coordinator

As your Pack's Day Camp Coordinator, you have several important duties. They are all essential to ensure a successful camp.

1. **Sign up scouts to attend Day Camp.** This includes collecting paperwork and payments, registering your Pack online and turning in paperwork at one of the turn-in events. See page 3 for details.
2. **Sign up parents to be Den Walkers.** A ratio of 1 adult to every 5 campers must be maintained at all times. The Pack Coordinator must make sure there are enough parent volunteers for your Pack. See Page 4 for details.
3. **Recruit Day Camp Staff.** This is an all-volunteer camp so we need all Packs to help provide adult staff. If each Pack provides one full time staffer for every 10 campers, camp will run much smoother. We will provide training and adult full-time staff volunteers receive discounted prices for their campers. See Page 4 for details.
4. **Get your Pack excited.** We need to you keep Pack families informed about Day Camp and help them get ready and excited for camp.
5. **Represent your Pack at Day Camp.** We need one point of contact each day at camp to represent your Pack by handling attendance, coordinating Den Walkers, and helping the staff with any issues related to your Pack. If you cannot attend every day at camp, it is your responsibility to find a substitute for the day.
6. **Have fun.** Day Camp can be a lot of fun. Let yourself enjoy the week. If you're having fun, the kids are having fun!

*You are a vital member of the Day Camp team!
Thank you for taking on this important role.*



Signing up campers

Camp is open to all Cub Scouts (Tiger through Arrow of Light) and their Cub Scout aged siblings. Cub Scouts will be considered the rank they will be in the fall. This means that boys who have completed Kindergarten are considered Tigers. Cub Scouts that have completed 5th grade or have crossed over into Boy Scouts are not eligible to attend camp (but they can volunteer to be on staff).

Siblings of Cub Scout age are also welcome to attend camp. Sign them up the same way as other campers.

Fees for Camp are as follows:

Early bird, before April 23	\$190
Before May 21	\$210
After May 21	\$230

There is a significant discount for children of full-time adult staff volunteers. See Day Camp Staff section for details.

All registrations must be done by the Pack Coordinator. Individual families should not sign up using the online system. Instead, families should bring to the Pack Coordinator the following information, signed by the parent or guardian:

1. Individual Camper registration form
2. Camper release authorization
3. Personal Health and Medical Record form (A&B)
4. Payment to the Pack

All forms are available in the attached appendix.

How you handle payment is up to your Pack. Payment to Council should come from one source for the entire Pack. The easiest is to pay online with a credit card.

Registering the Pack

The easiest way to register the Pack is online. Complete the Pack registration form to summarize all camper registrations. Then proceed to

<http://gotodaycamp.org>

and click



Then, from the column on the right choose Gunston Hall Day Camp (Colonial) and proceed to follow the online prompts.

If you are returning to add additional campers, choose "Existing Registration."

Once you have completed the online registration, all paperwork for all your campers needs to be turned in at one of the District paperwork turn-in events. See page 1 for dates and places. Additional turn-in times may be added if necessary.

Signing up Den Walkers

Each Pack must provide one adult den walker for every five campers or fraction thereof to accompany your campers each day. Additionally, Tiger Scouts must have a one-to-one ratio. Failure to have enough den walkers may preclude your Pack from being able to participate.

Many Packs ask each camper's parent or guardian to be a Den Walker for one day. Since there are five days of camp and a 1-5 ratio, if each parent attends one day, the den Walker ratio will be maintained.

There is no fee to be a Den Walker but Den Walkers must submit the Health and Medical Record form (A&B) and proof of completion of Youth Protection Training. Turn these in at the paperwork turn-in and include your Den Walkers on the online registration.

Training for Den Walkers will be done the afternoon before camp starts.

Day Camp Staff

As an all-volunteer staff, we need your help recruiting adult staff. As an incentive, adult staff can have up to two of their children registered for Day Camp for only \$70 each. This is less than half price.

To qualify for the discount, the adult staffer must work the entire week.

No prior experience is necessary and we will provide any necessary training. If you have adults interested in serving as Range Safety Officers on our BB gun or archery ranges, please contact us immediately and we will arrange for the necessary training.

Staff volunteer application and agreement are in the appendix.

Boy Scout Volunteers

We are happy to accept Boy Scouts as volunteers at camp. Scouts 14 and older who work the entire week will receive a \$75 credit toward Goshen Scout Reservation. Scouts not receiving the credit can earn service hours.

Camperships

Financial aid is available through the National Capital Area Council. A campership application must be submitted before April 1 to qualify. The form is available in the appendix.

Communication

Official communications will come in the form of emails from the Administrative Director to the Pack Coordinators, but there are other sources to receive information about Day Camp.

Colonial District Website: <http://www.ncacbsa.org/colonial/calendar/day-camp/>

Facebook: <https://www.facebook.com/ColonialDayCamp/>

Twitter: @ColonialDayCamp

Youth Protection Training

The Boy Scouts of America places the greatest importance on creating the most secure environment possible for our youth members. True youth protection can be achieved only through the focused commitment of everyone in Scouting. Therefore, all adults at camp need to have a current Youth Protection Training certificate. Youth Protection Training is quick and easy to complete and is vital for the safety of our youth.

You do not have to be a registered member of the Boy Scouts of America to take Youth Protection training.

To take Youth Protection training go to <http://My.Scouting.org> and create an account. You'll receive an email notification with your account information, including a member ID/reference number.

From the My.Scouting.org portal, click Menu then My Dashboard from the menu list. The My Training page displays to take Youth Protection training. Upon completion, you may print a training certificate.

Forms

Attached are the following forms necessary for Day Camp. These forms are also available at <http://gotoDayCamp.org>

FOR PARENTS:

1. Individual Camper Registration Form
2. Camper Release Authorization
3. Personal Health and Medical Record Form (A&B)
4. Campership Application

FOR THE PACK COORDINATOR:

5. Pack Registration Form
6. Staff Application and Agreement

National Capital Area Council presents
NCAC Day Camp 2017

“Bug Hunters!”

PACK INDIVIDUAL CUB SCOUT REGISTRATION FORM

(Completely fill out this form and give it back to your Pack Day Camp Coordinator)

****THIS FORM IS FOR PACK USE ONLY****

Location of Day Camp: _____

Dates for Day Camp: _____

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Pack #: _____ District: _____

Birthdate: ____/____/____ Adult Email _____

Rank as of Day Camp Start: (Circle One) Tiger Cub Wolf Bear Webelos 1 Webelos 2

T-Shirt Size (one included with youth registration): (Circle One) *YS YM YL AS AM AL Other____

Parent/Guardian Name: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

FEE SCHEDULE:	All-Day Camp	Twilight Camp
(Circle One) Registered on or before April 23, 2017	\$190.00	\$110
Registered on or before May 21, 2017	\$210.00	\$120
Registered after May 21, 2017	\$230.00	\$130
* After Individual Camp Registration Closes	\$260.00	\$150
New Scouts and new-to-NCAC Transfer Scouts	\$190.00	\$110

*Individual Camp Registrations Close at 11:59 pm Two Sundays Before the Camp Starts

Camp Registration Fee (see schedule above) \$ _____

Extra T-Shirts (\$15.00 each) *YS__ YM__ YL__ AS__ AM__ AL__ AXL__ \$ _____

NOTE: Extra shirts *must* be **pre-ordered**; each camper will receive one free shirt with registration

Larger Adult Sizes (\$18.00 each) AXXL__ AXXXL__ \$ _____

(Registration and extra shirts = total payment) **TOTAL PAYMENT** \$ _____

* **Note:** Youth Small subject to vendor. Youth Medium will be substituted if Youth Small is not available.

Refund Policy: A full refund may be issued if the registration is cancelled within 3 days of being made. After 3 days of making the registration but not within 14 of the event the customer is charged 15% of the registration cost being cancelled. Once within 14 days of the event the customer is charged 100% of the registration cost being cancelled. A full refund may be made in the case of illness, military orders, or if the event is cancelled by the Council. **Refunds will be processed once received back to the credit card that was used to book the registration.** Fees: are transferable to another Scout or to another camp **ONLY** with prior council approval. All dates for discounted fees are **FIRM** dates and not subject to change or interpretation.
 I understand the refund policy as stated above: _____
 Printed Name, Signature and Date

Cub Scout Release Authorization 2017

Camp Location: _____

My child, _____ Pack # _____
(Name) Please Print

may be released to _____
(Name) Please Print

Relationship to youth _____

Other information regarding releasing my child: _____

I give permission for my child to participate in the “BB/Slingshot
Marksmanship Program”

(may not be available at all locations)

[] Yes [] No

I give permission for my child to participate in the “Archery Sessions”

(may not be available at all locations)

[] Yes [] No

Authorization: _____
Signature (print last name)

Phone Number: _____ Date: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

NATIONAL CAPITAL AREA COUNCIL, BSA CAMPERSHIP APPLICATION

The National Capital Area Council Campership Funds are possible because of great donors. A special thank you to the Augustine and Dixon family for sharing their resources for Scouts in need. Please follow the guidelines and print legibly.

All Campership requests for Goshen Scout Reservation are due at the Council Service Center by February 1 of each year. All requests for Day Camp, Camp Snyder, and Camp Wall are due by April 1. The Campership Committee will convene and make award designations. Requests received after the due date can only be considered if funds are still available.

“A Scout is Thrifty” – As part of the Scout Law, every Scout is to learn to pay their own way and save for the future. Please maximize your Scout’s opportunity and participate in annual Popcorn sales, Camp Card sales, other unit money earning projects, and odd jobs like mowing lawns, raking leaves, snow removal, washing windows, weed removal, yard clean-up, washing cars, and more.

Parents/Guardians: Camperships are granted based solely on financial need. Please complete this application, indicating your financial situation and why you feel financial aid is necessary. Assistance is normally granted for up to 50% of the camp attendance fee. All awards are granted based on the availability of funds.

- Please submit this application **before** registering this Scout for camp online and **before** paying the Scout’s camp fees. **Assistance cannot be granted in excess of the camp registration fee causing a refund.**
- Each scout requesting financial aid must fill out a separate form.
- Incomplete applications will be returned without processing.
- All requests will be considered in a confidential manner. Families will be notified if financial assistance is awarded after the committee meets.
- Each recipient is encouraged to write a letter about their experience at camp to the Committee.

- To be eligible for campers’ aid, the applicant’s family must be below the following Federal Poverty Guidelines (based on the total before tax income of the family and the number of people in the household). See chart.
 - Extenuating circumstances are taken into account when determining eligibility (i.e. If a family has extraordinary circumstances that reduce their disposable income to at or below the range listed). Please list these on this form.

Household Size	150% Poverty Annual Income Before Tax	150% Poverty Monthly Income Before Tax
1	\$17,235	\$1,436
2	\$23,265	\$1,939
3	\$29,295	\$2,441
4	\$35,325	\$2,944
5	\$41,355	\$3,446
6	\$47,385	\$3,949
7	\$53,415	\$4,451
8	\$59,445	\$4,954
For each additional person, add	\$6,030	

Return to the National Capital Area Council, BSA, 9190 Rockville Pike, Bethesda, MD 20814-3897
Attn: NCAC Camperships

DO NOT REMIT PAYMENT AT THIS TIME;
Please do so only after receiving your Campership letter and invoice.

NATIONAL CAPITAL AREA COUNCIL, BSA CAMPERSHIP APPLICATION

Cub Scout Day Camp Camp Snyder Goshen Camp Wall (USVI)

Unit Type: _____ #: _____
(Pack, Troop, Team, Crew)

District: _____

Goshen Camp Attending: _____
(PMI, Ross, Bowman, Marriott, Olmsted, Lenhok'sin)

Dates Attending: _____ (Office use: 1 2 3 4 5 6)

(Visit www.NCACBSA.org for camp dates and other information.)

Did the Scout attempt to earn their own way? _____ (Yes or No)

Examples include: Popcorn sales, Camp Cards, Unit money earning projects, mowing lawns, raking leaves, etc.

Youth Full Name: _____ **DOB** ____/____/____
MM/DD/YYYY

Parent/Guardian Name: _____ Daytime Phone: _____

Address: _____
street city state zip

Unit Leader's Name: _____ Daytime Phone: _____

Leader's Address: _____
street city state zip

Total people in the household? _____ Average monthly household income: \$ _____ per month

Parent/Guardian statement of need (Be specific and attach additional sheets if needed):

COST OF CAMP: \$ _____

SCOUT'S EARNINGS: - _____

FAMILY'S CONTRIBUTION: - _____

CAMPERSHIP REQUEST: \$ _____
(Not to exceed 50% of Cost)

<u>CERTIFICATION SIGNATURES</u>
Parent of Scout: _____
Unit Leader :I attest to the financial need of this Scout and family. _____

*Return to the National Capital Area Council, BSA, 9190 Rockville Pike, Bethesda, MD 20814-3897
Attn: NCAC Camperships*

DO NOT REMIT PAYMENT AT THIS TIME;
Please do so only after receiving your Campership letter and invoice.

Office Use Only:
<input type="checkbox"/> Augustine <input type="checkbox"/> Dixon <input type="checkbox"/> STT
<input type="checkbox"/> Denied <input type="checkbox"/> Approved
\$ _____
By: _____
Date: _____
Notes: _____ _____

“Bug Hunters!”
Day Camp 2017
National Capital Area Council, BSA

NCAC DAY CAMP - PACK REGISTRATION FORM
Deadline for final registration is two Sunday's before your camp begins

(Individual registration forms must accompany Pack Registration Form)

Location of Day Camp: _____ Start Date for Day Camp: _____

Pack #: _____ District: _____

Day Camp Coordinator (please print): _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

All fees must be paid in full at the time of registration.

Refunds will be processed in August (after Day Camp season) and will be mailed to your Pack Committee Chair.

Rank as of Day Camp Start

	Name	Payment	Tiger	Wolf	Bear	Webelos 1	Webelos 2	T-Shirt Size
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Please use additional sheets as needed. Be sure to complete second page of form.

National Capital Area Council, BSA

NCAC DAY CAMP - PACK REGISTRATION FORM

Deadline for final registration is two Sunday's before your camp begins

Note: Tiger Cub adult partners are expected to attend camp with their child.

Pack T-Shirt and Payment Summary (NOTE: Don't forget any additional site fees for your camp)

_____ Youth Small @ \$15	Note: Youth Small subject to vendor. Youth Medium will be substituted if Youth Small is not available.
_____ Youth Medium @ \$15	
_____ Youth Large @ \$15	
_____ Adult Small @ \$15	
_____ Adult Medium @ \$15	_____ Camp Fees on or before April 23, 2017 \$190 \$ _____
_____ Adult Large @ \$15	_____ Camp Fees on or before May 21, 2017 \$210 \$ _____
_____ Adult X Large @ \$15	_____ After May 21, 2017 \$230 \$ _____
_____ Adult 2X Large @ \$18	_____ Extra T-Shirts \$ _____
_____ Adult 3X Large @ \$18	TOTAL AMOUNT ENCLOSED \$ _____

Please send check payable to:
NCAC-BSA

Mail to: Marriott Scout Service Center
9190 Rockville Pike
Bethesda, MD 20814
OR register online at:
www.GoToDayCamp.org or
www.ncacbsa.org

National Capital Area Council, BSA
"Bug Hunters!" Cub Scout Day Camp 2017
Day Camp Staff Volunteer Application

FILL OUT THIS APPLICATION COMPLETELY. TURN IN TO YOUR DISTRICT EXECUTIVE or DISTRICT DAY CAMP DIRECTOR or MAIL WITH YOUR UNIT'S DAY CAMP REGISTRATION.

DISTRICT _____ CAMP LOCATION _____ DATES _____

PERSONAL INFORMATION:

Name _____ Birth Date: _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Cell (____) _____ Work(____) _____

Email _____

REFERENCES: Name _____ Phone _____
Name _____ Phone _____

I am an adult registered in Pack/Troop # _____ in Position _____ and will serve in a Program Area for all five days of Day Camp. Parents receive up to two Cub Scout \$70 (each) camp registrations for their son(s).

OR

I am a registered youth member in Troop # _____ over the age of 14 and will serve for all five days in a Program Area as a Junior staff member to receive \$75 credit toward camping at Goshen Scout Reservation **or** Service Hours.

OR

I am a registered youth member in Troop # _____ under age 14 and will serve as a Den Chief with my actual Den in Pack # _____ **OR** as a Program Assistant under the direct supervision of my parent/guardian or Boy Scout troop leader (adult's name) _____.

AND

I am willing to learn and follow all NCAC, BSA Rules, Regulations, and Standards, follow BSA National Camp Standards, provide copies of training cards for completion of online Youth Protection and Hazardous Weather Training, and provide a completed BSA Annual Health and Medical Record parts A&B with this application.

EXPERIENCE: Trained? Fast Start NLE Position Specific _____ Pow Wow

I have a CPR Certificate, Exp. Date _____ I have a First Aid Certificate, Exp. Date _____

I have volunteered at a camp before in the following position: _____

I give permission for my photo/image to be used in any NCAC publications including website:

Yes / No (circle and sign name) _____

Special Interest: Sports Archery Nature Crafts Songs/Skits
 Games BB Guns First Aid As Needed

T-shirt size (one shirt is included at no cost): Adult Small Adult Medium Adult Large
 Adult X-Large Adult 2X-Large Adult 3X-Large

I would like to purchase ___ **additional (cotton blend) staff** shirts at \$15.00 each (\$18 for 2XL and 3XL) **OR**
Place online order for ___ polyester "wicking" staff shirts at \$25 each by April 28, 2016 on NCACBSA.org website.



Cub Scout Day Camp Staff Agreement 2017

It is our mutual understanding that:

- The staff member agrees to be a registered member of the Boy Scouts of America during the period of volunteer service.
- This agreement may be terminated by either party with seven (7) days' notice in writing, containing the reason for such termination. Anyone terminated from camp staff because of disciplinary reasons will be expected to remove him/herself and his/her effects immediately from the property.
- All Cub Scout Day Camp staff members must properly wear the uniform prescribed by their Camp Directors.
- Staff members desiring to bring their cars or other vehicles to camp must secure prior approval from the Camp Director and must carry adequate public liability and property damage insurance. All staff vehicles will be locked at all times, and parked in the specified staff parking area.
- Staff members are required to have a current health information form on record with the first aider at camp.
- While the specific position designated may be a primary duty, the staff members agrees to assist in any manner as may be assigned at any time, by transfer of the staff member to another position within the Cub Scout Day Camp.

Staff Member Printed Name

Staff Member's Signature

Date

Professional Advisor's Signature

Date

Thank you for agreeing to serve at a National Capital Area Council Cub Scout Day Camp.