

NATIONAL CAPITAL AREA COUNCIL BOY SCOUTS OF AMERICA
HIGH ADVENTURE

PROVISIONAL CREW ADVISOR APPLICATION

Deposit of \$700 (payment #1) must accompany this application

Revised: 2 Feb. 2018

2019 Program: Northern Tier _____ Philmont _____ Sea Base _____ (check one)

Name: _____ District: _____ Unit No: _____

Street: _____ H. Phone: _____

City: _____ State: _____ Zip: _____ W. Phone: _____

E-MAIL (H) _____ (W) _____

Scouting Position: _____ Occupation: _____

Date of Birth _____ Married ___ Single ___ Male ___ Female ___

PAST SCOUTING RECORD & TRAINING (Exclude Cubbing)

Scout? Yes ___ No ___ (check one) Highest Rank: _____ Explorer? Yes ___ No ___ (check one)

Scouter: NCAC: _____ Years Other Council(s): _____ Years Where: _____

Position(s) Held (years): SM _____, Asst. SM _____, Comm. Chair _____ Comm. Member _____

Exploring/Venturing Advisor _____, Associate Advisor _____, Other (yrs. & what) _____

OUTDOOR EXPERIENCE WITH SCOUTS:

Number of Short Term Campouts in Past Year _____, Previous Years _____

Scout Summer Camp (years as adult) _____, _____, _____, _____, _____

OUTDOOR EXPERIENCE WITH BOY SCOUTS 13 YEARS AND OLDER OR VENTURE SCOUTS (year of trip):

Philmont _____, _____, _____, Maine _____, _____, Lenhok'sin Trail _____, _____,

Northern Tier _____, _____, Sea Base _____, _____,

Other (year(s) and location(s)) _____

TRIP PREFERENCE (enter priority 1, 2, etc., or "NO" when not available).

Philmont: 6/24 _____ 7/08 _____ 7/15 _____ Sea Base: _____ Northern Tier: _____

First Aid Training (date of last certification, if any) _____, from _____, CPR _____ from _____,

Wilderness 1st Aid _____, Youth Protection _____, Weather Hazards _____

Other (type and date): _____

Physical Measurements - Height: _____ ft., _____ in. Weight: _____ lbs.

Any physical or health restrictions or limitations? _____

HA PROVISIONAL CREW ADVISOR APPLICATION (cont'd)

Previously confirmed coronary infarction? Yes ___ No ___ (check one)

High blood pressure (diastolic blood pressure over 100 mm. Hg.)? Yes ___ No ___ (check one)

Diabetes requiring insulin? Yes ___ No ___ (check one)

BACKPACKING/SAILING EXPERIENCE (list by trail, total miles, days on trail/sea and month/year of trip):

A Canoeing Ability (check one):

Q ___ Less than Novice

U ___ Novice (knows basic strokes; canoes flat-water and class I whitewater)

A ___ Intermediate (eddy-turns, leans, braces; class II and III whitewater)

T ___ Advanced (several years experience in class III and IV whitewater)

I

C Canoeing experience (list by lake/section of river, indicate whether flat-water or whitewater, and month/year):

A

P

P

L

I

C

A

N

T

S

Swimming Ability (check one each): Swim 100 yds. easily? Yes ___ No ___ Float 1 minute? Yes ___ No ___

Qualifications (date of last certification, if any): Safe Swim Defense _____ Safety Afloat _____

BSA Lifeguard _____ YMCA Senior Lifesaver _____ Red Cross Advanced Lifesaver _____

References:

Name: _____ BSA Position: ___ H. Phone: _____

E-mail: _____

Name: _____ BSA Position: ___ H. Phone: _____

E-mail: _____

I understand the requirements of an interview for first time advisors and attendance at three (3) training sessions and the **mandatory** Philmont Advisor's hike. **Deposit of \$700** must accompany this application.

Signature: _____ Date: _____

SEND APPLICATION: BSA-NCAC, Attn: Philmont Payments, 9190 Rockville Pike, Bethesda, MD 20814

For additional information: Matt O'Brien: E-Mail: va.mobrien@gmail.com; Phone: (703) 674-7575, or
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Forms may be emailed to ncachighadventure@scouting.org