

EAGLE BAY DISTRICT  
ADULT VOLUNTEER REGISTRATION  
2008 Cub Day Camp

OFFICE USE ONLY  
Account: 1-6701-451-21

Pack Number: \_\_\_\_\_

Name: \_\_\_\_\_ Over 21? \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Optional)

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Which day(s) you will be volunteering with Day Camp:

Mon (Setup)  Tue (Setup)  Wed-Thu-Fri  Friday (Tear Down)  Other \_\_\_\_\_

I would like to volunteer in the following area(s): Check all that apply.

Walker \_\_\_\_\_ (Name of Scout you would like to walk with)  
If necessary, would you walk with another group?  YES  NO

Cub Crafts  Tot Lot  Swimming  Sports & Games  
 BB Gun Range  Archery Range  Nature  Theme  
 Cub cooking  Webelos Cooking  BMX  Other

Interest, Hobbies, Skills:

\_\_\_\_\_  
\_\_\_\_\_

Previous Day Camp Experience:

\_\_\_\_\_

Are you registered with Boy Scouts of America?  YES Position: \_\_\_\_\_  NO

Are you Youth Protection Trained?  YES  NO

Scouting Background: \_\_\_\_\_

Are you certified in any of the following? Please attach a copy of your certification(s).

CPR \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Nurse \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

EMT \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Doctor \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

T-shirt Size:  SM  MED  LG  X-LG  XX-LG  XXX-LG

Cost of T-shirts: Small – 3X-Large \$6.00

**\*\* YOUR T-SHIRT IS FREE ONLY IF YOU VOLUNTEER ALL THREE DAYS. \*\***