

**JUNIOR VOLUNTEER**  
 (14 -20 years old)

Pack _____
Age _____
Male or Female (Circle)

Circle One: Boy Scout    Venturer    Explorer    Non-scout

JR. VOLUNTEER'S LAST NAME	JR. VOLUNTEER'S FIRST NAME

PARENTS' EMAIL

MOTHER'S LAST NAME	MOTHER'S FIRST NAME

HOME PHONE #	CELL PHONE #	WORK PHONE #

FATHER'S LAST NAME	FATHER'S FIRST NAME

HOME PHONE #	CELL PHONE #	WORK PHONE #

<b>PLEASE CIRCLE WHICH SESSION(S) AND DAYS YOU WOULD LIKE TO VOLUNTEER</b>		
<b>WEEK # 1 – JUNE 1 – 5</b>	<b>WEEK # 2 – JUNE 8 – 12</b>	<b>BOTH WEEKS</b>
ALL WEEK    or    Days: Monday    Tuesday    Wednesday    Thursday    Friday		

Are you currently certified in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_ Lifeguard? \_\_\_\_\_ List others: \_\_\_\_\_

If you have volunteered at Day Camp before, what year and position? \_\_\_\_\_

<b>I CAN VOLUNTEER BEFORE AND/OR AFTER CAMP WITH: (Circle all that apply)</b>				
Pre-camp Preparation	Orientation/Swim Test	Week-end Setup	Friday take Down	Saturday Clean-up
	(May 23 9-5 & May 27 3-6)	(Sat. May 30)	(Fri. June 12)	(Sat. June 13)
<b>I CAN HELP IN THE FOLLOWING AREAS: (Circle all that you have an interest in, cross out any you cannot work)</b>				
Crafts	Nature	Skills (Woodworking)	Waterfront (Must have swimming Merit Badge)	Gatorbites
Scoutcraft (Knots and Flag Etiquette)	Shooting Sports (must attend training on 5/9)	Headquarters (Gopher)		

**Volunteers attending at least 2 full days of camp are provided with 1 day camp T-shirt.**  
**PLEASE NOTE THAT YOU MUST REGISTER BEFORE APRIL 9, 2009 IN ORDER TO RECEIVE T-SHIRT(S)**

**Please Circle T-Shirt Size:**                      **S      M      L      XL      2X      3X      4X**

EXTRA SHIRTS AVAILABLE FOR \$10 EACH                      # EXTRA SHIRTS \_\_\_\_\_ X \$ 10 = \_\_\_\_\_  
 MAKE CHECKS PAYABLE TO YOUR PACK. TURN IN FORMS AND MONEY TO YOUR CUBMASTER OR DAY CAMP COORDINATOR.

JR. VOLUNTEER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

RELEASE BY PARENT/GUARDIAN:  
 I hereby certify that I am the parent/legal guardian of the above named registrant. I understand that he/she is applying for a volunteer position at Bogue Tuchenna District Cub Scout Day Camp, a program of the Istrouma Area Council, Boy Scouts of America. I hereby give my permission to the registrant to work at Day Camp and authorize Istrouma Area Council employees and/or volunteers to verify any information contained in this application. **The applicant and I both understand that this position is a non-paid, voluntary position.**

PARENT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
 (If Volunteer is under 18)

**REGISTRATION WILL NOT BE COMPLETE WITHOUT:**  
 \_\_\_\_\_ COMPLETED REGISTRATION FORM  
 \_\_\_\_\_ MEDICAL FORM  
 \_\_\_\_\_ EMERGENCY CONTACTS

**QUESTIONS? Email: johannahowell1995@yahoo.com**