

VOLUNTEER REGISTRATION FORM, PAGE 1 OF 2

**HIGHTOWER TRAIL DISTRICT CUB SCOUT DAY CAMP
Chamblee First United Methodist Church
June 14-18, 2010, 8:30 am – 3:00 pm**

Please check one: 5 day volunteer Part week volunteer Youth volunteer

VOLUNTEER NAME: _____ PACK/TROOP # _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (Home): _____ (Cell): _____

EMAIL: _____ BIRTHDATE: _____

Current Scouting positions _____

MANDATORY TRAINING FOR ALL ADULT VOLUNTEERS

Please select which date you can attend Day Camp Training. Training will be held at Chamblee First United Methodist Church.

Saturday, May 15 from 9 a.m.-12 p.m. _____ OR Saturday, June 5 from 9 a.m.-12 p.m. _____

CERTIFICATIONS

- I am certified through June 18, 2010 in: Archery BB's CPR EMT RN MD

Please enclose a copy of proof of certification with this registration form if available.

- I am interested in becoming certified in: CPR Archery BB's

- I am trained in Youth Protection: Yes; date of training _____ No

Please enclose a photocopy of your YP trained card with this registration form.

Youth Protection Training is required. It will be offered after Day Camp Training from 12-1 p.m. or it can be done online at <http://www.myscouting.org> under E-learning.

EMERGENCY CONTACTS (list in order of preference):

Name _____ Phone Number 1_ Phone Number 2__

Name _____ Phone Number 1_ Phone Number 2__

CAMP T-SHIRT

Each volunteer will receive one T-shirt; you may order extra t-shirts below. All volunteers must wear the T-shirt every day.

Indicate Size: Adult Small Adult Medium Adult Large
 Adult Extra Large Adult XXL Adult XXXL

Extra shirts for volunteers (\$5 each prepaid) # _____ size(s) _____ Total \$ _____

VOLUNTEER MEDICAL INFORMATION

Please complete a BSA Health and Medical Record. It must accompany the volunteer registration form. This form is available online at http://scouting.org/filestore/pdf/34605_Letter.pdf. Please complete parts A and C only.

TAG-A-LONG INFORMATION

Volunteers may register their non-Scouting children in the tagalong den for the days that they are volunteering. Each tagalong must have a completed participant registration form and BSA Health and Medical Record form.

Please complete the reverse side.

STAFF USE ONLY:

Rec'd Date		Check #		Archery?		
Health Form		Check Amt.		BB's?		
Adult	Account #6801.332.20			YP Trained?		

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VOLUNTEER NAME: _____

DAYS AVAILABLE TO VOLUNTEER: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

AREAS OF INTEREST:

Please check at least 5 areas of interest. Write "NO" next to any activity you cannot or do not want to staff.

Position	Interest	Additional Notes
Archery Assistant		5 Day Volunteer (must be certified)
Archery Range Officer		5 Day Volunteer (must be certified)
BB Air Rifle Assistant		5 Day Volunteer (must be certified)
BB Air Rifle Range Officer		5 Day Volunteer (must be certified)
Camp Nurse		5 Day Volunteer (must be certified)
Car Pool Coordinator		5 Day Volunteer
Crafts Director		5 Day Volunteer
Den Leader		5 Day Volunteer
Den Leader -Webelos		5 Day Volunteer
Field Sports Director		5 Day Volunteer
Leather Works Director		5 Day Volunteer
Nature Station Director		5 Day Volunteer
Scout Skills Director		5 Day Volunteer
Tagalong Den Coordinator		5 Day Volunteer
Wood-Working Director		5 Day Volunteer
Youth Volunteer-Field Sports Assistant		5 Day Volunteer
Youth Volunteer-Program Area Assistant		5 Day Volunteer
Youth Volunteer-Tagalong Den Assistant		5 Day Volunteer
Youth Volunteer-Den Chief		5 Day Volunteer
Assistant Den Leader		Part-time Volunteer
Crafts Assistant		Part-time Volunteer
Field Sports Assistant		Part-time Volunteer
Floater		Part-time Volunteer
Leather Works Assistant		Part-time Volunteer
General Assistant		Part-time Volunteer
Tagalong Den Assistant		Part-time Volunteer
Wood-Working Assistant		Part-time Volunteer
Crafts Assembling before camp		Part-time Volunteer
Wood-Working Prep before camp		Part-time Volunteer
Set-up on Saturday, June 12		
Take down after camp on Friday, June 18		
Other		

I volunteer my time and best efforts to help the Hightower Trail District Cub Scout Day Camp provide a quality Cub Scout day camp experience for the Scouts.

(Signed)Volunteer Name _____ Date _____

Please mail your completed volunteer registration and BSA health form (along with your scout's registration) to:
Hightower Trail Day Camp
BSA Volunteer Service Center
1800 Circle 75 Parkway, SE
Atlanta, GA 30339

If you are purchasing an extra t-shirt, please make check payable to: *Atlanta BSA – Hightower Trail Day Camp* and include with registration forms.

Questions about Registration or Camp? Send an e-mail to daycamp@hightowertrailbsa.com.

Volunteers will be sent confirmation of their schedule at least two weeks prior to camp.