Cub Scout Day Camp
Volunteer Application 2010

The normal Cub Scout Day Camp fee of $175.00 (one camper fee per adult volunteer) will be waived for a limited number of adult leaders and parents who volunteer to serve as Day Camp Staff. To qualify, adult volunteers must:

- ✓ Complete the Day Camp Volunteer Application
- ✓ Attend all required day camp orientation session(s) with the Day Camp Director
- ✓ Have up-to-date Youth Protection Training to cover the Day Camp period
- ✓ Attend the full duration of the Day Camp 5-day program
- ✓ Be approved by the Day Camp Director
- ✓ Be registered as an adult leader (complete the BSA Adult Application)
- ✓ Submit a completed Day Camp Medical Form for themselves and each child attending the tot-lot program

Please indicate day camp program you are applying for:

___Round Valley Youth Center 1: July 12-16, 9-3:30
___Mercer County Park (East 1): June 28-July 2, 9-3:30
___Mercer County Park (East 2): July 12-16, 9-3:30
___Johnson Park: July 12-16, 9-3:30
___Merrill Park: August 9-13, 9-3:30
___Yards Creek Scout Reservation: July 19-23, 8:30-4
___Rosedale Park: July 26-30, 9-3:30

Volunteer's Name _____ E-mail _____
(Please print clearly. Primary form of communication)

Camper's Name _____ Pack/Troop # _____ District _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Pack/Troop Leadership Position _____

Are you Youth Protection Trained? _____ Weather Hazard? _____ First-Aid certified? _____ CPR certified?
If yes, please attach copies of certification card(s).

Any physical limitations that might affect your ability to function at camp? _____

Volunteers receive one free t-shirt which serves as their camp uniform. Additional t-shirts are available for purchase and must be ordered in advance. Free t-shirt size needed _____.

A **tot-lot program** is available for non-scout children of adult volunteers. Participants must be registered each day they are at camp. Children will have age-appropriate activities each day, conducted by qualified day camp staff members. A day camp medical form including immunization dates must be submitted for all children in the tot-lot program prior to the first day of camp.

The fee for the tot-lot program is $35 per family per week and includes one free youth t-shirt for the first three children in the program. Additional shirts are available for $10 each and must be ordered in advance. Please indicate shirt size(s) and quantity for each size. The youth t-shirts run small, so please order accordingly. Youth Sizes: S(6-8) M(10-12) L(14-16)

Child's name	Shirt Size	Shirt Qty	Medical Form	Date of birth	Child's name	Shirt Size	Shirt Qty	Medical form	Date of birth
1.					3.				
2.					4.				

Payment:

$_____ Tot-lot fee ($35 per family for 5-day camp program – **non-refundable and not pro-rated**)
$_____ Additional tot-lot t-shirts – youth sizes: ___S ___M ___L ($10 per t-shirt)
$_____ Additional volunteer t-shirt – adult sizes: ___ S-$10 ___ M-$10 ___L-$10 ___XL-$12 ___2XL-$12 ___3XL-$14

$_____ Total payment – Send application and payment to: CNJC · 2245 US Hwy 130, Suite 106 · Dayton, NJ 08810-2420

Payment method: ___ Check enclosed payable to CNJC ___Visa ___MasterCard ___Discover ___Am. Express

_____ _____ _____
Name on card Card number Expiration date

I am in good physical condition and have provided the required medical information. I understand that a volunteer's appearance must reflect the good taste and Scout-like image which is expected of those who represent the Central New Jersey Council (CNJC). I assert all statements on this application are true and I authorize CNJC to confirm all supplied information. By signing this application I acknowledge that I agree with the procedures and policies of CNJC, BSA, including but not limited to the health services and refund policy. I also, hereby consent to the use of my voice and/or photographic image in any news coverage, movie making, or similar projects as approved by CNJC.

Signature _____ Date _____