

Volunteer Application:

- Full Time Adult Volunteer
- Part Time Adult Volunteer
- Tiger Adult Partner
- Adult Job Sharing
- Junior Helper (ages 14-18)

One form per person.
Please print neatly.

Bayshore District
Twilight Camp
June 7-11, 2010
Volunteer Application



One form per adult or youth volunteer.
Please print neatly.

Full Legal Name / Nickname <small>(Needed for Background Check if 18+)</small>	Date of Birth	Age	Pack
Address	City	Zip	
Phone	Secondary Phone	Cell	
Email			
For Youth: Parents/Guardians			
Parent Phone	Cell	Parent on Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please fill out every blank of this form (pages 1&2). If registration forms are not completely filled out the pack's registration will not be accepted. By filling out this application, we are counting on you to volunteer. Please take this seriously. If an emergency arises, please notify us if you cannot attend camp. Packs are required to have one full time adult volunteer for every 4 youth registered. Your pack is relying on you to attend camp and complete all volunteer requirements.

Each adult at camp must be a registered BSA adult leader (including Tiger Adult Partners) in order to volunteer. Submit your BSA Adult Application to your pack leadership and attach a copy of the signed application to the camp application. Each adult must also complete camp training and YPT training and turn in copy of YPT card with camp applications.

Free T-Shirt: (for full time and job-sharing volunteers/Tiger Partners)

<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult 2X Large
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult X Large	<input type="checkbox"/> Adult 3X Large

Extra T-Shirt (\$7):(list quantity) _____ Youth Medium 10-12 _____ Adult Small _____ Adult Large _____ Adult 2X Large
 (Part time volunteer must order a shirt) _____ Youth Large 14-16 _____ Adult Medium _____ Adult X Large _____ Adult 3X Large
 (note: Extra shirts are intended for use by campers and volunteers. An extra shirt decreases midnight laundry!)

Full-time volunteer: will work 4:15 – 9:00 every day
 Part-time volunteer: list times/days you can work (be specific): _____
(part-time volunteers do not count towards the required adult/child ratio)
 Job Sharing: list person you are sharing a job with to equal full-time: _____
(two people sharing a full time position counts as one volunteer toward the required adult/child ratio)
 Tiger Adult Partner: will attend camp with child 4:15 - 9:00

Rank of your Scouts(s): _____
(for '10-'11 school year)

<p>Check Preferred Positions: (these are not guaranteed)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Den Escort (walk around with dens) – most volunteers are assigned here <input type="checkbox"/> Sibling Camp (peewees) <input type="checkbox"/> Girl Den Escort (sibling) <input type="checkbox"/> Area Assistant (games, crafts, BB/Archery, waterguns, slingshots, skills) <input type="checkbox"/> Facilities Staff (must be able to arrive early & stay late, requires lifting) 	<p>Training: attach a copy of your training cards</p> <ul style="list-style-type: none"> <input type="checkbox"/> YPT (taken on-line after 01/09) (required) <input type="checkbox"/> BSA BB/Archery Certification _____ Expiration Date <input type="checkbox"/> CPR Certification _____ Expiration Date <input type="checkbox"/> Red Cross Certification _____ Expiration Date <input type="checkbox"/> EMT, RN, or MD
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All adults must attend one of the training sessions: time and place TBD (www.boyscouters.org/bayshore for details) **and complete YPT** online at: www.shac.org/Home/Training/YouthProtectionTrainin/ (taken ON-LINE after January 1, 2009)

June 7-11	
<p><u>Questions concerning registration:</u> Karan Garske: kgarske@earthlink.net Leslie Melton: leslie.melton@sbcglobal.net</p>	<p>Background Check (required for those 18 and over) \$ 5.00 T-shirt \$7.00 x (#) _____ = \$ _____ <small>(Full time volunteers get 1 free shirt; part time need to purchase one)</small> Amount Paid \$ _____</p>

Page 2: SCOUT / SIBLING/ VOLUNTEER / ADULT HEALTH HISTORY

(One form per scout/adult/sibling. Must fill out **all** medical forms completely including immunizations & consent to treat.)

Please fill out and attach:

1. Completed Annual BSA Health and Medical Record (Part A, C)
2. Photocopy of both sides of medical insurance card.
3. If family has no medical insurance, state NONE.

Additional information required for camp not found on the Annual BSA Health and Medical Record.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does person listed need any special equipment (e.g., glasses)? If so, list:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any restrictions of activities? (Please be specific in describing condition and appropriate treatment methods necessary, in order to ensure your child's safety.) If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any of the conditions listed above require medications? If so, list :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will person listed be taken off any medications in the last 30 days before camp? If so, list:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will it be necessary to administer any medications while at camp? (All medications administered at camp must be given to first aid upon arrival at camp & must be in the original container.) If so, list:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there anything the den leader / camp staff need to know to help make for a successful camp experience? (e.g., learning disabilities, ADHD) If yes, explain:

Consent for Medications By checking YES, I give my permission to the camp paramedic, nurse, or physician to administer the following oral or topical medications without contacting a parent or guardian. Medication use will be per manufacturer's guidelines. Checking NO requires that consent be obtained from a parent/guardian at the time the medication is to be used. Parents will receive a written note from camp following oral medication administration.

Acetaminophen or Ibuprofen (for headache/muscle ache)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antibiotic ointment (for lacerations/ abrasions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl (or similar antihistamine tablets for allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrocortisone cream (for itch from rash or insect bites)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Repellant (containing DEET)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calamine or Caladryl lotion (for insect bites or rashes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicated Powder or Desitin (for heat rash)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list) _____



Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No



I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

Part C Last name: _____ DOB: _____

Bayshore District Twilight Camp June 7-11, 2010

Ride into the future

Suit up for the adventure in the great outdoors at the Pasadena Fairgrounds.

Scouts entering 1st – 5th grade for the '10-'11 school year may attend.

This year's camp will be full of fun and excitement. Scouts will make new friends, and share all kinds of new experiences. This year's camp will be offering BB, archery, water guns, sling shots, sports, skills, and crafts. Each camper will receive a t-shirt, patch, and belt water bottle holder. Tigers, Wolves, Bears, and Webelos will be working on achievements and badges.

What to bring to camp

- ◆ Sack dinner & drink (in plastic bag with name & den number) **with no mayonnaise** on the sandwich
- ◆ Bottle of water (e.g., Ozarka, Deja Blue) with a 1" lid – can be refilled at camp, (a clip will be provided to attach the bottle to the boy's waistband)
- ◆ Sun Screen & Bug Spray (apply before camp starts)
- ◆ Pencil, Hat & Rain Poncho
- ◆ Camp Uniform: camp T-shirt and wrist band (will be provided on Monday of camp), shorts, socks, closed toes shoes
- ◆ Bucket with a lid to serve as storage as well as a seat (e.g., large paint bucket). Many grocery stores will give away their large icing buckets. Hardware Stores sell 5-gallon paint buckets.
- ◆ Please make sure your scout is very hydrated before they show up to camp. We encourage you to have your scouts drink as much as possible on their way to camp. The 1st hour of camp is very hot. You may want to send an extra frozen water bottle.
- ◆ Money for the trading post (optional).
- ◆ Water gun (optional, extra pair of socks, towel or water shoes)

Registration: Please completely and neatly fill out pages 1 & 2 of the registration form for each person registering. Also complete the Annual BSA Health and Medical Record form. Remember that actual dates are required on the immunization part of the medical form (even for adults).

Refunds are not given. Adults should attach a copy of any training certifications, and YPT card.

Late registration: **Late registrations may be dropped off at the Clear Lake Scout Shop.** Late registrations will only be accepted if a registration form for a full time adult is attached and if space in a den is available. Late registration closes the Friday before camp. Because of training and background check requirements for the adults, registration will not be accepted at camp (only youth volunteers). There is a \$25 late registration fee.

Volunteers: We need 250+ volunteers to run camp! It is fun and your child will be better for it. Each pack is required to have one full-time adult volunteer for every three (3) campers (scouts and siblings). To be counted in your pack's ratio, you must be able to volunteer from 4:15 – 9:00 every day and complete all of the requirements. Tigers are required to have their adult partner with them. Neither the Tiger Cubs nor the adult partners count towards the three to one ratio. Key Staff members, part time helpers and youth volunteers do not count towards the ratio. Job sharing volunteers count as one volunteer. Most volunteers will be assigned as den escorts in an area near their son. According to Texas state law, all on-site adults (part-time and full-time) must be registered BSA leaders (including Tiger adult partners), attend Camp training, complete YPT training on-line at www.shac.org/Home/Training/YouthProtectionTrainin/, fill out a camp registration and medical form, complete additional forms that will be provided at training, and have a full background check completed by staff. BSA adult applications are separate from camp applications and must be completed and turned into your pack leadership. We will offer two camp training sessions: Time and place will be announced. Full time volunteers will receive a special gift and t-shirt. Because all volunteers (full or part time) are required to wear the camp uniform, part-time volunteers are asked to order and pay for their own shirt.

Visitors: Parents may visit camp for up to 30-minutes per day. Parents must check-in at headquarters. Adult visitors must bring a driver's license and all visitors (including youth) must complete a visitor medical and talent release form. This is State mandated and is for the safety of all campers. Should a parent wish to remain at camp longer than 30-minutes on any given day, they should consider becoming a full time or part time volunteer.

Sibling Camp: **Sibling camp is available only for non-scouting children of the adult volunteers.** Sibling programs are provided so that the parent volunteers and their children have a positive camp experience. These children will only be allowed at camp on the days the parent is at camp. PeeWees (girls and boys age 3-5 and **potty trained**) offers crafts, games and songs. Girls entering – grade will participate in all Scout activities as a den.

Tiger Cubs: Each Tiger Cub is required to have a parent/guardian with him at all times who will aid them in participating in the Scout activities that will earn them achievements towards the Tiger and Bobcat rank.

Bayshore Beacon: All adults are encouraged to join the district's e-mail group to keep up with the latest district information and any changes to Twilight Camp (e.g., camp cancelled due to bad weather):

Subscribe: http://boyscouters.org/mailman/listinfo/bayshore_beacon_boyscouters.org

Information can also be found at www.boyscouters.org/bayshore/

Den Assignments: Den assignments and late breaking information will be e-mailed, so please make sure the e-mail address is legible.

For last minute questions, please stop by camp during set up day on June 6 from 4:30 – 8:00

Registration forms and fees (check payable to your pack) are due by April 30, 2010.

Pack _____ Pack Camp Coordinator: _____

Phone: _____ Address: _____