



Cub Scout Camp Adult Volunteer Leader Application/Medical Form

Please Print

Camp Location _____ **Camp Dates** _____
 Pack No. _____ District _____
 Name _____
 Address _____ City _____ Zip _____
 Phone H: _____ W _____ e-mail _____

T-shirt size S, M, L, XL, XXL, XXXL (circle) A camp T-shirt will be provided for all volunteers

I will work 1, 2, 3, 4, 5, days at camp (circle # of days)
I can work on the following days: Mon. Tues. Wed. Thurs. Fri. Sat. (circle days avail.)
 You will be contacted prior to camp to confirm your work day(s) and your assigned position.

I'm willing to be a: Den Leader ____ Activity leader ____ Camp Staff ____ Station sponsor ____
 Present/ past position in scouting _____
 Special talents or interests: First aid ____ current CPR Certification ____ current First Aid Certification ____
 Games ____ Sports ____ Crafts ____
 Skits ____ Songs ____ Nature ____ Day care ____
 Archery ____ BB guns ____ Swimming lifeguard ____ Scout craft ____
 other _____

Health Information

In case of emergency notify: Name _____ Relationship _____
 Phone _____ or _____
 Family Physician _____ Phone _____
 Insurance _____ Policy No. _____

I have or am subject to: (please write yes or no)

Asthma ____ Diabetes ____ Convulsions ____
 Bee Sting allergy ____ Heart trouble ____ other ____
 Medication allergy ____ Type _____
 Year of last Tetanus shot _____
 Any condition now requiring medication? ____ Name of medication _____
 (Reason for medication) _____
 Any restriction of activity for medical reasons? ____
 (Explain) _____

Please note any special problems or concerns not already covered: _____

Volunteer Staff Member Agreement

I am offering my services to the Santa Clara County council as a volunteer member of the summer camp staff for Cub scout camping programs. I understand that this is a volunteer service. _____ initials

Emergency Consent:

The undersigned, does hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which is deemed advisable by, an is rendered under the general or special supervision of any physician/dentist/surgeon licensed under the provisions of the Medical Practice act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specified consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil code of California.

I certify that consent is granted for film and electric media coverage of camp and its participants.

This authorization shall remain in effect until _____ 20____, unless sooner revoked in writing and delivered to the aforesaid agent.

_____ Signature _____ Date _____