

Cub Scout Day Camp Volunteer Staff Application/Medical Form

Santa Clara County Council Boy Scouts of America

Position on Camp staff :

Adult Staff () Youth Staff age 14-17 () Youth Staff Helper age 11-13 ()

Camp Location(s) _____ **&** _____ **Camp Dates** _____ **&** _____

Name _____

Address _____ City _____ Zip _____

Phone H: _____ or W _____ T-shirt size _____

e-mail _____

Are you a registered **adult** with BSA? yes () no () Position _____

Troop / Pack No. _____ District _____ (if under 18) Age _____

School and Grade _____ Present Rank _____

Scout master's Name _____ Scoutmaster's Phone Number _____

Qualifications/Camp experience:

1. Attended BSA National Camping School in the past 5 yr. Yes () No ()
2. NRA Rifle/Shotgun Instructors Certification Yes () No ()
3. Trained to run the BB Gun range or Archery range Yes () No ()
4. CPR Certification Yes () No () Date on certification _____ Expiration Date _____
5. First Aid Certification Yes () No () Date on certification _____ Expiration Date _____
6. EMT or Advanced First Aid Certificate Yes () No () Date on certification _____ Exp.Date _____
7. Water Safety/lifeguard certificate Yes () No ()
8. Licensed to drive a motor vehicle? Yes () No () Driver's Lic. No. _____
9. Previous camp experience: _____
10. Area you would like to work at camp: _____

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 leaders) 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 judgement, may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil code of California.

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

Signature (Parent if under 18)

Date