## Summer Day Camp Staff Form Part A - Volunteer

Please Print – Forms must be filled out completely

Name (Last, First,	MI)	Age as of 6/1/				
Date of Birth	Phone Number	Council	District	Unit #		
Street Address		City, State, Zip	Count	у		
Is hereby accepted for the volunteer position of			at	at		
and for such other	duties as may be assigned l	by Camp Management.				
Dates of volunteer	service from	to_		20		
dates, for the volu registration and fe	nclude setting up and taking nteer requirements of the p es if applicable to your volu camp at any time, with or wi	oosition named above. The inteer duties. Termination	Council shall be respon of your volunteer duties	sible for camp school		
to your arrival on Department of Hu	iia Act 15, all camp staff, 14 camp property. Clearances iman Services Child Abuse ( earances must be paid for b ground clearance.	s include: Pennsylvania Sta Clearance, and FBI fingerpr	te Police Criminal Histo int based Federal Crimi	ry, Pennsylvania nal History. Any cost		

The Camp staff member and Parent or Guardian (for those under 18 years) indicate, by their signatures below, their agreement with the above items listed in Staff Member Agreement-Part A and the items listed on the Mutual Understanding Agreement-Part B. <u>All items are to be initialed on Part B to indicate your understanding. If under 18 years of age, parent must also initial.</u>

My shirt size (in adult sizes) (Circle one): S M L XL XXL XXXL

## Staff volunteer positions are awarded regardless of race, color, sex, age, national origin, or disability.

Staff Volunteer Signature	Date		Parent or Gua	ardian* (if under 18)	Date	
Parent Address (if different from above)		Home Phone Number		Cell Phone N	Cell Phone Number	
Camp Director Signature		Date	Scout Executiv	e Signature	Date	

Forms must be filled out completely.