

**2009 CUB SCOUT SUMMER DAY CAMP
VOLUNTEER REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell/Pager Number: _____

E-mail Address: _____ Unit Number: _____

Check all that apply: BSA Registered BSA Registered Boy Scout
 CPR/First Aid Certified Doctor/Nurse/EMT

Please indicate T-Shirt Size: S M L XL 2X 3X 4X

PLEASE INCLUDE \$10 FOR EACH T-SHIRT REQUESTED; ALL VOLUNTEERS MUST HAVE AT LEAST ONE CAMP SHIRT AND MUST WEAR A CAMP SHIRT EACH DAY.

I can help in the following areas: ALL WEEK: _____ Days/Times: M Tu W Th F _____

Circle all that apply: Anywhere I am needed Activity Area
 Den Leader/Assistant Den Leader With my son only
 Not with my son Tot Lot

Tot Lot Program:

I have _____ younger children who will attend the Tot Lot Program while I am at Camp.

Name	Age	T-Shirt Size (optional)

VOLUNTEER'S SIGNATURE: _____

As set forth by the National Day Camp Standards, Staff members and helpers are required to attend training before the start of camp. You will be notified by your camp director of the date of the training.

All Registration forms and check need to be turned in to your Pack (payable to BSA) to: Suwannee River Area Council-Summer Day Camp (Camp Attending)-2032 Thomasville Road-Tallahassee, FL 32308
(Please make sure you write the day camp you want to attend on the outside of the envelope)