

Soaring Eagle District Day Camp Service Troop Application

Must be a Scout BSA Member 10-13 years of age. A parent may be required to attend as well.

Please return application to Becca Franco at soaringeaglecd@gmail.com by May 5th, or turn in at April Roundtable.



Contact Information

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|----------------|--|--------------|--|
| Name | | | |
| Street Address | | | |
| City, ST ZIP | | | |
| E-Mail Address | | Phone | |
| Date of Birth | | Current Rank | |

Availability – Which session are you volunteering for?

Camp June 8-11, 3:00 pm - 8:30 pm (staff arrives at 2:30 pm and works until 9:00 pm)

Any special needs/physical limitations that you may have that may inhibit your ability to volunteer at camp?

Training

NYLT Den Chief Other (describe)

Special Skills or Qualifications

Have you held a leadership position in your unit? What was it and what did you learn from it? (May use additional paper)

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List your strengths and explain how they might be useful at day camp. (May use additional paper)

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Have you volunteered at Day Camp before?

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| If Yes, how many years? | |
| What did you do as a volunteer in past years? | |

Agreement and Signature – The above information is true to the best of my knowledge.

| | |
|-----------|--|
| Signature | |
| Date | |

Please attach a letter of recommendation from your Scoutmaster, Advisor or Skipper.