

Cuboree Adult Volunteer Registration Form

Black Creek District, NFC BSA

Unit Representing (Pack/Troop/Crew) _____

Full Name _____ Common (Nick) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Volunteer Position seeking (enter number of preferred choice: 1, 2, or 3):

- Administration Range Volunteer Craft / Sports Instructor Program Instructor
 I am a registered Adult member of the BSA, Unit # _____ Position _____
 I am an **OA Member** please report my hours. I need community Service Hour Letter.

I can volunteer on the following days (check all that apply):

- Friday Saturday Sunday
 Set Up Friday Break down Sunday

I can volunteer for the following hours:

- All Day Morning Only Afternoon Only

I am trained in the following areas:

- CPR First Aid Youth Protection BSA Range master Other _____

If you are trained in any of these, please provide a photocopy of the certification with this form.

Adult Volunteer Agreement

Upon signing this agreement

- I understand that this is a volunteer position offering no monetary compensation.
- I understand that I must participate in Volunteer training to fulfill my position.
- I understand that my attitude toward volunteer work should be professional.
- I will seek to be fair and consistent with the Scouts.
- I understand that there will be no abusive language tolerated by anyone at camp.
- I understand that I will follow the guidelines presented in the Cuboree Guide and will assist, to the best of my ability, in the Cuboree Operations.
- I will keep all matters confidential and will strive to see that each Cub Scout has a positive experience
- I will follow Youth Protection guidelines and all other guidelines set forth by the Boy Scouts of America, Inc.
- I am 21 or older years of age.
- **I WILL HAVE FUN.**

NOTE: By submitting a registration form, you are authorizing the North Florida Council, BSA to take photos of your Scout and family for promotional purposes ONLY. Photos will not be sold or utilized for any use outside of youth and volunteer recruitment by the North Florida Council, BSA.

I have read and understand this agreement.

Applicant's Signature _____

Date _____

(Over) Complete Medical History on Back

Event Code 685

Adult Volunteer Name: _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY To be filled out by parent, guardian, or adult participant. Please print in ink.

Date of birth _____ Age _____ HOME Telephone _____

Name of spouse or relative _____ CONTACT WORK OR CELLULAR _____

Home address _____

City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ **Signature** _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answer

ALLERGIES: Food, medicines, insects, plants **Y/N** Explain: _____

GENERAL INFORMATION: Circle Y (yes) N (no) for all that apply

Y/N ADHD(Attention-Deficit Hyperactivity Disorder) **Y/N** Convulsions/seizures **Y/N** Hemophilia **Y/N** Asthma

Y/N Diabetes **Y/N** High blood pressure **Y/N** Cancer/leukemia **Y/N** Heart trouble **Y/N** Kidney Disease

Y/N Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ Pertussis _____ Rubella _____

Camp Use Only

Job Assignment _____ / _____ / _____

Attendance: Training _____ Setup _____ Take down _____

Fri _____ - _____ Sat _____ - _____ Sun _____ - _____