

# 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 Boy Scouts of America, 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.

**Volunteer Shirt- Only admin staff and instructors will receive a shirt.**

\_\_\_\_ Adult Small \_\_\_\_ Adult Med \_\_\_\_ Adult Large \_\_\_\_ Adult X-lrg

\_\_\_\_ Adult 2XL \_\_\_\_ Adult XXXL

## 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 \_\_\_\_\_ - \_\_\_\_\_

**Shirt Size Issued**

\_\_\_\_ Adult Small \_\_\_\_ Adult Med \_\_\_\_ Adult Large \_\_\_\_ Adult X-lrg \_\_\_\_ Adult 2XL \_\_\_\_ Adult XXXL