

MERIDIAN DISTRICT CUB SCOUT DAY CAMP - 2019

Adult Leader Forms Packet

Please fill out the attached forms on the following pages.

Please note that the different forms go to different people!

Medical Form, Insurance Card, & Camp Staff Agreement Form MUST be turned into your **PACK COORDINATOR by Monday, June 3** or sooner as they have indicated. If you are sure who your coordinator is, contact your pack leaders or Rand Mahoney, rand.mahoney@scouting.org. If you are not associated with a Cub Scout Pack, turn it into Rand Mahoney.

BSA Adult Application & YPT Certificate, MUST be turned **by Monday, June 3** or sooner to Rand Mahoney, rand.mahoney@scouting.org. You can drop it off in a sealed envelope in the Scout Box on the front porch 24/7 at 1001 Jennifers Meadows Court, Danville.

Website: <https://meridian.mdscbsa.org/meridiancubscoutdaycamp/>

<input type="checkbox"/>	Medical Form – Parts A & B (give us the copy, you keep the original)
<input type="checkbox"/>	Insurance Card – (give us the copy, you keep the original)
<input type="checkbox"/>	Camp Staff Agreement Form
<input type="checkbox"/>	BSA Adult Application (ONLY REQUIRED IF <u>NOT</u> CURRENTLY REGISTERED WITH BSA AS A SCOUT LEADER). If in doubt, email Rand. Your pack will be charged the \$5.50 National BSA fee (2 mo).
<input type="checkbox"/>	Youth Protection Training (YPT) Certificate (ONLY REQUIRED IF <u>NOT</u> TAKEN IN THE LAST 15 MONTHS; give us the copy, you keep the original)). If in doubt, email Rand.

NOTES:

Day Camp Directors

Praveen Nori: nori.praveen@gmail.com
Rand Mahoney: rand.mahoney@scouting.org

Jr. Helper Staff Leader

_____open_____:

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

Insurance Card – (give us the copy, you keep the original)

MERIDIAN CUB SCOUT DAY CAMP STAFF AGREEMENT

June 10th - 14th 2019

I, _____, agree to accept a volunteer position at the Cub Scout Day Camp and serve in the position of _____ together with such other duties as may be assigned by the Camp Director for the Meridian Cub Scout Day Camp during the dates shown above.

I further agree to serve as a volunteer, in a manner consistent with the Cub Scout Promise and Law of the Pack, and the National Standards for Cub Scout day camping. I also agree to the terms below:

- I do not expect payment of any sort for my services.
- I have received a copy of the Staff manual (or viewed it online) and will adhere to it.
- I have reviewed the Rules of Camp (or viewed them online) and I will adhere to them.
- Staff camp shirts will be provided and all staff member will be required to wear the official camp uniform while on duty, as prescribed by the Camp Director. Neatness and cleanliness in person and living quarters is a fundamental obligation.
- I understand that I am expected to make myself available, to the best of my ability, on the Sunday before and Friday after Day Camp to help set-up and take down camp.
- I understand that I am part of a team and will do my best to be on time.
- I agree to park my car in the designated parking area.
- I agree to abstain from the use of profanity.
- I agree that smoking/vaping will not be allowed in camp.
- I agree that there will be no alcoholic beverages or controlled substances consumed on the Day Camp grounds.
- I agree to adhere to the BSA guidelines and policies on Youth Protection and to report any incidents of abuse, suspected or obvious, to the proper authorities.

A volunteer member may not use or be under the influence of alcohol or drugs not prescribed by a physician. Such use or influence may be cause for immediate removal from the camp. Other misconduct or failure to perform according to the job description, after reasonable warning and consultation with the Camp Director or Program Director, will be cause for removal and could render the volunteer useless for further volunteer services.

I understand and accept the above stated conditions for being a volunteer staff member at camp.

Signature

Date

Website: <https://meridian.mdsbsa.org/meridiancubscoutdaycamp/>

BSA ADULT APPLICATION

Please print one letter in each space—press hard; you are making two copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

X

Date of birth (mm/dd/yyyy)

Ethnic background:

Driver's license No.

State

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Gender

Social Security No. (required)

Occupation

Employer

M F

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

Yes No

Email address (Select one)

Work Home

Boys' Life subscription

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.

INITIALS REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS REQUIRED

YPT completion certificate attached

Background Check Authorization form attached

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative

Date

Signature of Scout executive or designee

Date

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

New leader Position change

Transfer application

Enter membership number from unexpired certificate:

Unit Type:

Pack

Troop

Former leader

Multiple registration

Crew

Ship

Participant

Transfer from council number:

MDSC = "023"

Unit type:

Pack

Troop

Unit No.:

Crew

Ship

District name

Unit No.

OR

Term: Months

Registration fee \$

Boys' Life fee \$

All questions MUST be answered. Write NONE if applicable.

1. Scouting background. Position _____ Council _____ Year _____

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last 10 years). City _____ State _____

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

6. Additional information. (Mark each answer.) Yes No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain: _____

b. Do you use illegal drugs or abuse alcohol? Explain: _____

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: _____

d. Has your driver's license ever been suspended or revoked? Explain: _____

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: _____

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? _____

BACKGROUND CHECK AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

List any other names used (nickname, maiden/married last names): _____

Date of birth: _____

To the extent permitted by applicable law, I hereby consent to and authorize Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)**, as well as this **Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.).

I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For **California, Minnesota, or Oklahoma individuals only**: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature _____ Date _____

1. Fill out form on a computer and print it
2. Sign the form and obtained Charter Org required signature
3. Turn completed LOCAL COUNCIL COPY into council promptly for processing
4. Include Youth Protection Training (YPT) Certificate
5. Attach payment or confirm positive balance in your unit REGISTRATION account at council

BSA ADULT APPLICATION

Please print one letter in each space—press hard; you are making two copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Driver's license No.

State

Gender

Social Security No. (required)

Occupation

Employer

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

Email address (Select one)

Work

Home

Boys' Life subscription

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.

INITIALS REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS REQUIRED

YPT completion certificate attached Background Check Authorization form attached

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

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APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative

Date

Signature of Scout executive or designee

Date

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

New leader Position change

Transfer application

Enter membership number from unexpired certificate:

Unit Type: Pack Troop

Former leader Multiple registration

Transfer from council number:

Unit type: Pack Troop

Unit No.:

Crew Ship

Participant

Crew Ship

District name

OR

Term: Months

Registration fee \$

Boys' Life fee \$

All questions MUST be answered. Write NONE if applicable.

1. Scouting background. Position _____ Council _____ Year _____

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last 10 years). City _____ State _____

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

6. Additional information. (Mark each answer.) Yes No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain: _____

b. Do you use illegal drugs or abuse alcohol? Explain: Yes No

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes No

d. Has your driver's license ever been suspended or revoked? Explain: Yes No

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes No

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? Yes No

Youth Protection Training (YPT) Certificate

IMPORTANT NOTES:

- ONLY REQUIRED IF you are working with youth. If you are directing traffic, setting up or taking down, or doing prep work for camp, you do not need to take YPT.
- ONLY REQUIRED IF NOT TAKEN IN THE LAST 15 MONTHS.
- Give us the copy, you keep the original.
- If in doubt, email Rand Mahoney, rand.mahoney@scouting.org

YPT:

- Required for every person 18 years of age and older working with youth, WITHOUT Exceptions.
- The new online course takes ~90 to complete.
- A course navigation guide is available at: <https://www.scouting.org/wp-content/uploads/2018/05/How-to-Guide-for-Taking-Youth-Protection-Training-as-of-5-16-2018.pdf>
- YPT certificate is obtained after taking an online course.
- This certificate is valid for 2 years from the date of course completion.

Further Instructions on obtaining YPT certificate:

- Point your browser to "http://my.scouting.org".
- Create an (BSA Training) account if you already do not have one.
- Log in.
- On the landing page Click on the "Youth Protection Begins with You" logo on the right.
- If you already have a valid YPT certificate it will be shown as below. Click on the Printer icon to download an electronic copy of your YPT certificate. You may need to log out and back into your my.scouting account AND it may take up to one day to register your training. (I know it is not a perfect system but that is what we have!)



Questions:

Email Rand Mahoney, rand.mahoney@scouting.org