



DAY CAMP STAFF APPLICATION AND AGREEMENT

Application:

Name _____ Phone (____) _____

Street Address _____

City _____ State _____ Zip _____

Day camp position you are applying for: _____

Are you a registered Girl Scout? Yes No Age level _____ Troop # _____

Please describe general experiences you have had in: (1) Girl Scouting, (2) working with girls, and (3) outdoor activities.

Which program level would you like to work with at day camp?

Brownie Junior Cadette Senior

Program planning and skills: please check once (x) those areas which you are interested and skilled in; check twice (xx) those areas which you can teach others.

- | | | |
|-----------------------|-------------------------|-------------------------------|
| _____ arts and crafts | _____ girl planning | _____ rock study |
| _____ backpacking | _____ hiking | _____ singing/song leading |
| _____ bird study | _____ knife use | _____ sketching |
| _____ ceremonies | _____ knots & lashing | _____ story telling |
| _____ dramatics | _____ menu planning | _____ tool use and safety |
| _____ fire building | _____ nature study | _____ tree study |
| _____ first aid | _____ outdoor cooking | _____ wood carving |
| _____ flower study | _____ patrol system | _____ other (please specify): |
| _____ folk dancing | _____ primitive camping | _____ |
| _____ games | _____ puppetry | _____ |

(over)

Agreement for Day Camp Staff

I agree to work as _____
(day camp position)

at _____ Day Camp
(name and/or location of day camp)

from _____ to _____
(date) (date)

I understand that this is volunteer service and that my transportation to and from the camp site is my own responsibility.

I agree to attend all sessions of pre-camp staff training, as scheduled by the day camp director. I will attend training sessions given by the council which pertain to day camp, if possible.

I further agree to attend all days of the day camp session. If for any reason I am unable to attend any day of the regular day camp session, I agree to notify the day camp director in advance and arrange for a substitute.

I know that as a registered Girl Scout my insurance coverage is for **accident** only. Should I become ill or require medical attention for other than an accident, I realize I must assume the responsibility for this.

I will not hold the Girl Scouts of Utah responsible in the event of accident or illness resulting from my participation in day camp activities.

References:

Name	Address	Phone	Relationship
1.			
2.			
3.			

Please answer the following question:

Have you ever been convicted of a criminal offense? If yes, please state the offense, date of conviction, and location of disposition. (A criminal record will not necessarily bar an applicant; a criminal record will be considered as it relates to specifics of the position for which you have applied.)

Signed _____ Date _____