

# Bluebonnet District Twilight Camp

June 8-12, 2009 6:30 p.m. - 9:30 p.m.

## JR. VOLUNTEER REGISTRATION

Type (Circle): Jr. Staff    Den Chief    Pack/Troop/Crew# \_\_\_\_\_ Scout Rank \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parents email: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate contact name \_\_\_\_\_ Phone: \_\_\_\_\_  
If we cannot reach parent or guardian. (different from number above)

Who will pick Volunteer up? \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scoutmaster Approval. I recommend this scout for a Jr. Staff position at this year's Twilight Camp  
 Scoutmaster name and signature \_\_\_\_\_

T-shirt Size: Youth Small \_\_\_ Youth Medium \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_  
 Adult X-Large \_\_\_ Adult XX-Large \_\_\_ Adult XXX-Large \_\_\_

Memories CD (Optional).    \_\_\_ I would like to purchase \_\_\_ (qty) Twilight Camp Memories CD for \$5.00 each

We are pleased that you will be serving as Jr. Volunteer at the BSA Twilight Camp for the Bluebonnet District on the dates shown above. Your signature on this form indicates your acceptance of the following terms:

- You are currently a registered member of Boy Scouts of America.
- You will obey the Scout Oath and Law at all times.
- You will read and agree to abide by all the policies stated in the staff guidelines.
- You will accept any assignment by the Camp Directors.
- You will be in proper uniform (camp t-shirt) at all times.
- You will refrain from using alcoholic beverages, drugs or narcotics, and tobacco.
- You will attend one of the camp training sessions.
- You agree to adhere to the BSA Youth Protection policies and guidelines.
- Your service may be terminated at any time for unsatisfactory performance or violation of the staff guidelines.
- You may also terminate your own service with 24 hour written notice to the Camp Director.

I will be available to assist at twilight camp: All Week \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_

I will attend camp training on Saturday May 23rd \_\_\_\_\_

Scout's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>REGISTRATION CHECKLIST – Forms/Fees that are required for a full and complete registration</b>	
√	Jr Staff Camp Registration and Letter of Agreement
	BSA Class I Medical form
	Fees <b>(\$10.00)</b> . Add \$5.00 for each Memories CD. No refunds after April 9 <sup>th</sup> . Please make checks out to <b>BSA Circle 10 Council #6801 358 20</b>

**Please submit this form, along with the other required forms and fees to your Twilight Camp Coordinator.**

**Camp Director-** Scott Mahone 469.446.0317    **Program Director-** Patty Ozga 972.979-8363

**District Executive-** Chipper Haynes 214-902-6751

[http://groups.yahoo.com/group/bluebonnet\\_district](http://groups.yahoo.com/group/bluebonnet_district)    YahooID=**BB\_CUBCAMP**    Pasword=**Cubscout**    Email: twilightcamp@sbcglobal.net  
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