



July 7th, 2022

Dear Valued Scouter,

Thank you for volunteering to staff a Southwest Florida Council resident camp. Whether you are a brand new camp staffer or returning as an experienced veteran, your participation will make our program stronger!

Please take a moment to complete the attached Staff Application, Code of Conduct and BSA Health & Medical Record. These documents are required by the National Camp Accreditation Program Standards to serve as a member of the camp staff. Once completed, please return all documents to the Winter Camp Business Manager (swflactivityreg088@gmail.com).

As a member of the camp staff, you will be providing Scouts with an experience that they will remember the rest of their lives. We appreciate you choosing to spend this time with us.

Yours in Scouting,

A handwritten signature in cursive script that reads "Bruce".

Bruce Hassy
Director of Camping & Activities





Camp Staff Application

Personal Information

Name: _____ Date: _____

Home Address: _____ Home Phone: () _____
Number & Street City State Zip

College Address: _____ Other Phone: () _____
(If Applicable) Number & Street City State Zip

E-mail Address: _____ Cell Phone: () _____

Date of Birth: _____ T-Shirt Size: _____

Scouting Experience

Currently Registered in Troop/Crew: _____ District: _____ Council: _____

Current Rank (or highest earned): _____ Current Unit Position: _____

Years in Scouting as a youth _____ as an adult _____

Education

High School/College Attending/Attended: _____ Grade: _____ Major: _____

Year Graduating/Graduated: _____

Extra Curricular Activities: _____

Camping Experience

Summer Camps, High Adventure Bases, National Jamborees Attended (please include years attended): _____

Staff Experience: _____

Order of the Arrow (check one): Ordeal Brotherhood Vigil



Hobbies & Interests

Please list all hobbies and sports you enjoy: _____

Why do you want to serve on camp staff? _____

Those individuals with at least one year of resident camp staff experience in the Southwest Florida Council during the last five years may skip the next two sections.

Work Experience

Employer: _____ Title: _____ Dates Employed: _____

Supervisor: _____ Business Telephone: _____

Duties: _____

Employer: _____ Title: _____ Dates Employed: _____

Supervisor: _____ Business Telephone: _____

Duties: _____

Employer: _____ Title: _____ Dates Employed: _____

Supervisor: _____ Business Telephone: _____

Duties: _____

References

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



Experience *(Please check if you have earned the badge or have experience in that field of study)*

Aquatics

- Swimming MB
- Lifesaving MB
- Rowing MB
- Canoeing MB
- Small Boat Sailing MB
- Motorboating MB
- Lifeguard BSA
- Red Cross Lifeguard
- Red Cross WSI
- Red Cross Lifeguard Instructor
- NCS Aquatics Supervisor
- NCS Aquatics Director

COPE/Climbing

- COPE Participant
- Rappelling Participant
- Level 1 COPE Instructor
- Level 2 COPE Instructor
- Climbing Instructor
- NCS COPE Director
- NCS Climbing Director
- Climbing MB
- Search & Rescue MB

Ecology

- Fish & Wildlife Management MB
- Environment Science MB
- Insect Study MB
- Reptile & Amphibian Study MB
- Sustainability MB
- Weather MB
- Leave No Trace Badge
- Leave No Trace Trainer
- NCS Ecology Director

Shooting Sports

- Rifle Shooting (.22 Option) MB
- Rifle Shooting (ML Option) MB
- Shotgun Shooting MB
- Archery MB
- Fishing MB
- NCS Shooting Sports Director
- NRA Instructor

Handicraft

- Basketry MB
- Leatherwork MB
- Indian Lore MB
- Fingerprinting MB
- Bugling MB

Scoutcraft

- Camping MB
- Cooking MB
- Geocaching MB
- Pioneering MB
- Hiking MB
- Wilderness Survival MB
- Orienteering MB

Health/Medical

- First Aid MB
- Emergency Preparedness MB
- First Aid Certification
- First Aid Instructor
- CPR Certification
- CPR Instructor
- LPN
- RN
- EMT B/ I/ P/ W
- MD

Vocational

- Welding MB
- Plumbing MB
- Electricity MB
- Farm Mechanics MB
- Movie Making MB
- Salesmanship MB
- Plumbing Experience
- Tractor Operation

Program

- Bugling
- Music/Voice
- Public Speaking
- Song Leading
- Campfires
- OA Ceremonies
- OA Dance Team

Trail To Eagle

- Citizenship in the Community MB
- Citizenship in the Nation MB
- Citizenship in the World MB
- Communications MB
- Personal Fitness MB
- Personal Management MB

Food Service

- Dishwasher
- Asst. Cook
- Cook
- Food Service Management
- Dining Hall Steward

Special Training

- NYLT
- NAYLE
- Wood Badge
- USA
- Specifics Training
- OLSI
- Pow Wow
- YPT
- YPT Venturing

Camp Management

- NCS Faculty
- NCS Camp Director
- NCS Program Director
- NCS Chaplaincy

List Other Certifications:



Jobs in Camp *(please rank your top four choices for positions in order of preference)*

Camp Management	Minimum Age	Eagle Trail	Minimum Age
<input type="checkbox"/> Camp Director*	21	<input type="checkbox"/> Eagle Trail Director	18
<input type="checkbox"/> Asst. Camp Director*	21	<input type="checkbox"/> Eagle Trail Instructor	15
<input type="checkbox"/> Program Director*	21		
<input type="checkbox"/> Camp Commissioner*	18	Scoutcraft	
<input type="checkbox"/> Campsite Commissioner	18	<input type="checkbox"/> Scoutcraft Director	18
<input type="checkbox"/> Camp Business Manager	18	<input type="checkbox"/> Scoutcraft Instructor	15
		Ecology/STEM	
Medical		<input type="checkbox"/> Ecology/STEM Director	18
<input type="checkbox"/> Camp Health Officer	21	<input type="checkbox"/> Ecology/STEM Instructor	15
<input type="checkbox"/> EMT	21		
		Trading Post	
Aquatics		<input type="checkbox"/> Trading Post Manager	18
<input type="checkbox"/> Aquatics Director*	21	<input type="checkbox"/> Trading Post Clerk	15
<input type="checkbox"/> Aquatics Instructor	18		
<input type="checkbox"/> Lifeguard	15	Shooting Sports	
		<input type="checkbox"/> Shooting Sports Director*	21
Climbing		<input type="checkbox"/> Rifle Instructor	21
<input type="checkbox"/> Climbing Director*	21	<input type="checkbox"/> Shotgun Instructor	21
<input type="checkbox"/> Climbing Instructor	16	<input type="checkbox"/> Archery Instructor	18
<input type="checkbox"/> Climbing Aid	16	<input type="checkbox"/> Range Safety Officer	21
		<input type="checkbox"/> Shooting Sports Aide	15
Handicraft		Support Staff	
<input type="checkbox"/> Handicraft Director	18	<input type="checkbox"/> Asst. Ranger	21
<input type="checkbox"/> Handicraft Instructor	15	<input type="checkbox"/> Ranger Aide	15
		<input type="checkbox"/> Counselor in Training	14
Specialty Program		Vocational	
<input type="checkbox"/> Renegade Director	21	<input type="checkbox"/> Vocational Director	21
<input type="checkbox"/> First Year Director	18	<input type="checkbox"/> Vocational Instructor	15
<input type="checkbox"/> First/Second Year Instructor	15		
Dining Hall/Kitchen			
<input type="checkbox"/> Dining Hall Steward	18		
<input type="checkbox"/> Food Service Director	21		
<input type="checkbox"/> Cook	18		
<input type="checkbox"/> Dining Hall Aide	15		

** Position requires certification by a National Camp School. If hired without this certification, individuals will be required to obtain this week long training before the start of the camp session. The Council will cover the registration fee but not travel expenses.*

Have you ever been convicted of a felony, child abuse or a sexual offense? Yes No

If selected to be a member of the camp staff, the Boy Scouts of America can expect my loyalty to the management, its policies and programs, and my cooperation with other staff. I will serve to the best of my ability. I am in good health and if selected will provide a current physical examination on the BSA Annual Health and Medical Record at my own expense.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(if applicant is under the age of 18)

BOY SCOUTS OF AMERICA

REGISTERED CAMP STAFF CODE OF CONDUCT

As a condition of my camp staff registration with the Boy Scouts of America, I agree to comply with the following requirements of the Boy Scouts of America:

1. I have or will complete my camp staff registration with the Boy Scouts of America, answering all questions truthfully and honestly.
2. I will be a model of the Scout Oath and Scout Law and obey all laws.
3. I will respect and abide by the Rules and Regulations of the Boy Scouts of America and BSA-provided training, including but not limited to:
 - a. Youth protection
 - b. Unauthorized fundraising activities
 - c. Advocacy on social and political issues
 - d. Discrimination, bullying, hazing, and harassment of any kind
 - e. Prohibition on all sexual related activity
4. I confirm that I have disclosed fully to the Scout executive or camp management any of the following in which I was the subject:
 - a. Any criminal charges or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles
 - b. Any investigation or court order involving domestic violence, child abuse, or similar matter
 - c. Any criminal charges or convictions for offenses involving firearms or dangerous weapons
5. I will not possess, distribute, transport, consume, or use any of the following prohibited items at camp:
 - a. Alcohol or drugs, including marijuana, other than prescribed medication. I will disclose any prescribed medication with the potential to impair functioning and discuss it with the camp management prior to beginning work.
 - b. Concealed or unconcealed firearms, fireworks, or explosives unless required because of my position as a camp staff member
 - c. Pornography or materials that contain words or images inconsistent with Scouting values
6. If legally permitted, I will not consume alcohol to excess when off camp property nor furnish alcohol to any underage person.
7. I will not house or harm any domestic animals or wildlife, except for that acquired through lawful, authorized hunting or fishing.
8. I will treat BSA property and equipment with respect, keep myself and my personal space neat in appearance, and set the example with respect to caring for BSA property.
9. I will be familiar with and, as may be appropriate under the circumstances, follow and require others to follow:
 - a. The Guide to Safe Scouting: <http://www.scouting.org/scoutsource/HealthandSafety/GSS.aspx>
 - b. The Sweet Sixteen of BSA Safety: <http://www.scouting.org/scoutsource/HealthandSafety/Resources/sweet16.aspx>
 - c. BSA Youth Protection Policies and Guidelines, including mandatory reporting: <http://www.scouting.org/YouthProtection.aspx>
10. I will not transport any Scout or operate any motorized vehicle owned or used by the camp without authorization and, when required, will adhere to safe driving practices consistent with my training.
11. I will take steps to prevent or report any violation of this Code of Conduct by other camp staff or persons on camp property.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

CAMP: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
 Date of birth: _____

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.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		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 B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

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 list 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. 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

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

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

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

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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