

GREATER PITTSBURGH COUNCIL



BOY SCOUTS OF AMERICA

**LETTER OF AGREEMENT - 2009  
FOR VOLUNTEER DAY CAMP STAFF and JR. STAFF**

NAME \_\_\_\_\_ UNIT POSITION \_\_\_\_\_ UNIT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

IF YOU ARE UNDER THE AGE OF 21 - AGE \_\_\_\_\_

\_\_\_\_ Week #1 June 29 – July 3

\_\_\_\_ Week #2 July 6 -10

**STAFF POSITION (PLEASE INDICATE)**

\_\_\_\_ PART-TIME VOLUNTEER STAFF

\_\_\_\_ CAMP/PROGRAM DIRECTOR-CERTIFIED

\_\_\_\_ JUNIOR STAFF AGE 14-17

\_\_\_\_ RANGE DIRECTOR, BB, ARCHERY-CERTIFIED

\_\_\_\_ JUNIOR STAFF HELPER (with parent or Scoutmaster ) age 12-13

**WHICH PROGRAM AREA (PLEASE INDICATE)**

\_\_\_\_ CRAFTS

\_\_\_\_ BB RANGE - 14 YEARS OLD

\_\_\_\_ PROGRAM

\_\_\_\_ SPORTS

\_\_\_\_ ARCHERY - 14 YEARS OLD

\_\_\_\_ ANYWHERE NEEDED

\_\_\_\_ TOT LOT

\_\_\_\_ **HAVE YOU EVER BEEN CONVICTED OF A FEDERAL CRIME?**

\_\_\_\_ **YOUTH PROTECTION TRAINING**      **DATE COMPLETED** \_\_\_\_\_ (attach copy of card)

\_\_\_\_ **STRESS MANAGEMENT TRAINING**      **DATE COMPLETED** \_\_\_\_\_

\_\_\_\_ **ARE YOU CPR TRAINED? IF YES, LIST DATE OF CERTIFICATION** \_\_\_\_\_

\_\_\_\_ **HAVE YOU EVER SERVED ON STAFF BEFORE? IF YES, WHAT YEARS** \_\_\_\_\_

**VOLUNTEER STAFF AGREEMENT**

IF ACCEPTED AS A CUB SCOUT DAY CAMP VOLUNTEER, I AGREE TO FOLLOW THE POLICIES AND STANDARDS OF THE GREATER PITTSBURGH COUNCIL AND THE PLANNED PROGRAMS OF THE CUB SCOUT DAY CAMP COMMITTEE.

SIGNED BY VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_

CAMP DIRECTOR

(PLEASE FILL OUT THE MEDICAL FORM ON REVERSE)