

Day Camp Youth Volunteer/Parent Agreement
Baltimore Area Council, BSA
Camp Muddy River, Harford District

Troop/Crew

June 25 - June 29, 2018

Youth volunteer's name: _____

I give permission for the camp Medical Staff to administer the following over the counter (OTC) medications if it is deemed necessary.

_____ Acetaminophen (generally known as Tylenol)

_____ Diphenhydramine (generally known as Benadryl)

_____ Ibuprofen (generally known as Advil or Motrin)

PHOTO RELEASE: Harford District Cub Scout Camp (2018) has my permission to use my or my child's photograph publically to promote the camp and/or the BSA. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's name and signature: _____ Date _____

Phone Number: _____

Upon signing this agreement:

- ❖ I believe that I have an obligation to my volunteer work, to my colleagues and to the Cub Scouts.
- ❖ I understand that in exchange for my volunteer service, I will earn service hours for school or scouts.
- ❖ I will seek to be fair and consistent with the Cub Scouts.
- ❖ I understand that alcohol and drug use is strictly forbidden.
- ❖ I will not submit the Scouts or Staff to any form of initiation.
- ❖ I will follow the guidelines in the Youth Volunteer Guide and will assist, to the best of my ability, in Day Camp operations.
- ❖ I will wear my camp uniform each day and assure that my dress is modest (no bellies showing, no short shorts, no low hanging shorts/pants).
- ❖ I WILL HAVE FUN!

I have read and understand this agreement and I understand that failure to abide by these rules could lead to dismissal from Day Camp.

youth volunteer's signature

date

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Camp Muddy River, Harford District
June 25 - June 29, 2018

Youth Volunteer's Name: _____

The candidate listed above is applying to be a youth volunteer at the Harford District Cub Scout Day Camp this summer for the first time, and, as such, requires a letter of recommendation from a respected member of the community. We appreciate your time in filling out this letter of reference.

In what capacity do you know the candidate? (Please Select)

- Scout Leader
- Teacher
- School Advisor
- Minister
- Other

How long have you known the candidate? _____

In a short paragraph, please address his/her potential in the areas of enthusiasm, leadership, patience, reliability and aptitude for working with children.

Thank you again for your assistance.

Please either return the completed form to the candidate, Bel Air Scout Shop or if you prefer, email/mail to Cathy Street, Day Camp Registrar, at 1006 Calvary Rd. Churchville, Md 21028 Registrarcmr@gmail.com. Questions: Registrarcmr@gmail.com

Your Name/Title
