

Winter Blast Staff Registration Form

Camp Shands, Hawthorne, FL

Unit: _____ Phone: _____

Volunteer full name: _____

Email: _____

Years at Winter Blast: _____ Years at Summer Camp: _____

Hoodie Size: AS AM AL XL 2XL 3XL 4XL

Are you available to come out on Saturday, December 26th? YES NO

List your special talents? _____

I am interested in working Winter Blast 2021. I have listed my top three areas below with a description of why I would like to work in these areas. I understand the camp is looking for merit badge counselors, trading post clerks, kitchen staff and commissioner support.

- 1) _____

- 2) _____

- 3) _____

If I am selected to be on staff I understand I will need to have the following documents upon my arrival to camp.

The following documents are required:

- | | |
|--|--|
| _____ Staff Registration Form | _____ Coronavirus & COVID-19 certification |
| _____ Staff Agreement | _____ First Aid / CPR certification* |
| _____ Medical Form (parts A, B & C) | _____ Shooting Sports certification (NRA, rangemasters, etc.)* |
| _____ Youth Protection certification | |
| _____ Weather Hazard certification | |
| _____ Workplace Prevention certification | |

**Documentation may not apply*

Winter Blast Staff Agreement

Camp dates: **12/27/21 – 12/31/21**

District: **North Florida Council, Winter Blast**

Position: _____

Location: **Camp Shands, Hawthorne, FL**

Volunteer full name: _____

I agree to serve as a volunteer and a staff member, in a manner consistent with the Scout Oath and Law along with the national camping standards. I also agree to accept the following terms and conditions set forth:

- I am a registered member of the Boy Scouts of America.
- I will be guided by the Scout Oath and Law.
- I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
- I agree to follow the camp rules, policies, and procedures including the check-in and check-out procedures.
- I will be in my assigned program area and prepared to begin at the scheduled start time.
- I agree to wear the camp staff shirt and BSA appropriate attire and I will wear the field uniform at dinner and campfire.
- I have or will take Youth Protection, Camp Staff Youth Protection and Weather Hazard training prior to the start of camp and provide camp management with appropriate certifications.
- I will be expected to participate in all of the camp-wide activities.
- I understand the camp will do its best to minimize litter and will properly clean up my program area daily, whether or not that the mess was made by me.
- I understand the importance of following BSA’s Youth Protection and safety policies and will follow those guidelines. I will report all violations that come to my attention.
- I will bring a current health form to the camp medical officer at the beginning of camp. I understand it is my responsibility to pick up the health form prior to departure from camp.
- I understand this agreement may be terminated by either party. Anyone terminated from camp staff because of disciplinary reasons will be expected to remove him/herself and his/her effects immediately from the party.

My signature below constitutes that I accept this agreement.

Volunteer Staff Signature: _____

Date: _____

PARENT’S APPROVAL (Must be signed when a staff member is under 18 years of age.)

Parent Name: _____

Phone: _____

Email: _____

Parent’s Signature: _____

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Camp Director Signature: _____

Date: _____