White Rock District Twilight Camp
June 8-12, 2009
6:00 - 9:00 p.m.

ADULT VOLUNTEER/Walking Den Leader

Pack/Troop/Crew#_____

Your Name: _____

Address: _____

City: _____ Zip: _____ Phone:_____

Email: : _____

Date of birth (required) _____ Drivers License Number _____State ____Exp_____
If you are a leader, have you completed Basic Adult Leader and Leader Specific training? Yes / No
T-shirt Size(indicate # of each size): Adult Small___ Adult Medium___ Adult Large___ Adult X-Large ___ Adult XX-Large____ Adult XXX-Large___ Other___

Do you use illegal drugs? Yes / No
Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes / No
Have you ever been charged with child neglect or abuse? Yes / No
Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes / No
Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes / No

_____ Previous Residences(City and State)

_____

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

- You have read and agree to abide by all the policies stated in the staff guidelines.
- You will be in proper uniform at all times. All persons on site must wear camp T-shirt.
- You will refrain from use of 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.
- You understand that the information you have provided may be verified and a background check maybe done.

I will be available to assist at Twilight Camp: All Week___ Mon___ Tue___ Wed___ Thu___ Fri___
I will attend camp training on: Wednesday May 20____ OR Saturday May 30____
All adults must have taken the online Youth Protection Training after January 1, 2008. It is available at http://scoutnet.scouting.org/elearning. Click on the General tab and take **Youth Protection Training**. Afterwards you should choose View Certificate and then print your certificate of completion of Youth Protection Training.

Name (please print): _____

Signature: _____ Date: _____

Registration Checklist.

____Registration and Letter of Agreement (This Form)
____Medical form **with date of last tetanus booster** (must have month and year)

Camp Director-Carole Patrick 972-682-4781 **Program Director**-Diana Griffis 214-328-6520
Assistant Director-Sheri Beach 972-567-1587
http://www.whiterockdistrict.org/
Diana Griffis Attn: Twilight Camp 2938 Millmar Dr. Dallas, TX 75228