

CAMP GAMEHAVEN

VOLUNTEER CAMP STAFF APPLICATION

First Name

Last Name

Email Address

Date of Birth (MM / DD / YYYY)

Phone Number (Primary)

Phone Number (Secondary)

Scout Rank (if applicable / last held)

Street Address

City

Address Line 2 (Optional)

State

ZIP Code

STAFF INTEREST / EXPERTISE

| | Not Interested | Interested | Certification Held |
|--|----------------|------------|--------------------|
| First Aid | [] | [] | [] |
| Trading Post | [] | [] | [] |
| Administration | [] | [] | [] |
| Aquatics | [] | [] | [] |
| COPE / Climbing | [] | [] | [] |
| Ranges (Archery / BB Guns / Slingshot) | [] | [] | [] |
| Nature Studies | [] | [] | [] |
| Food Service | [] | [] | [] |
| STEM Programs | [] | [] | [] |
| Games and Sports | [] | [] | [] |
| Scout Skills / Survival Skills | [] | [] | [] |
| Other: _____ | [] | [] | [] |

I agree to be contacted by Gamehaven Scout Camp regarding my application, and to pay a \$25 adult camp staff registration fee if I do not already possess a valid BSA registration.

Signature

Date

PARENT/GUARDIAN CONTACT (YOUTH STAFF ONLY)

Name (Last, First)

Email Address

Phone Number

Relation to Youth

Please return completed form to Camp Director Brady Geary at brady.geary@scouting.org, or via mail to:

Gamehaven Council BSA / ATTN: Brady Geary / 607 E Center St. / Rochester, MN 55904

gamehavenbsa.org/camp