

## Summer Camp Staff 2017 - Volunteer

Due to Staff Qualification and Training Standards (standard SQ-401) required to operate a BSA-accredited camp. The list below are opportunities for you, as a Minsi Trails Council Camp Staff Volunteer, to turn in your completed paperwork well in advance of your arrival at camp.

Turn your completed paperwork to your Camp Director or MTC Staff Adviser

**OR**

### **Minsi Trails Council Service Center, 991 Postal Road, Allentown**

- By appointment Monday thru Friday w/ Paul Oswald, Dir. Of Support Services (Call or email to schedule) 9 AM – 5 PM
- Camp Staff open house night Wednesday May 17, 2017 4 PM – 7:30 PM

### **Trexer Scout Reservation and Camp Minsi**

- Settlers Beaver Weekend Saturday May 6, 2017 (Dining Hall) 9 AM
- Akelaland Beaver Weekend Saturday May 6, 2017 (Dining Hall) 1 PM
- Camp Minsi Beaver Weekend Saturday May 20, 2017 (Dining Hall) 9 AM

**Boy Scouts of America**

**Minsi Trails Council**

Staff Member Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Camp \_\_\_\_\_

Check off
--------------

**All forms must be received prior to camp. If Incomplete, ALL will be returned  
back to Staff Member for completion.**

- Summer Camp Staff Form Part A and Part B - Volunteer

**State of Pennsylvania Act 15 Clearances:** Info found at [Minsitrails.org/resources/paact15](http://Minsitrails.org/resources/paact15)

The volunteer is responsible for securing clearances. Copies are to be turned in with your camp staff paper work.

Please note if you have submitted your clearances previously to Minsi Trails Council, you must acknowledge doing so in the summer camp staff part B section.

- PA Child Abuse History Clearance
- Pennsylvania State Police Criminal Record Check
- Federal Criminal Background Check
- OR**
- Waiver of FBI Background Clearance for Volunteers

**BSA Online Trainings I need to complete and turn in a copy:** [Minsitrails.org/resources/campstaff](http://Minsitrails.org/resources/campstaff)

- Unlawful Harassment Prevention Training (training to be taken every year)
- BSA Youth Protection Training (valid for 2 years – expiration not to be before 8/31/2017)
- BSA Venturing Youth Protection Training (valid for 2 years – expiration not to be before 8/31/2017)
- BSA Weather Hazard Training (valid for 2 years – expiration not to be before 8/31/2017)

**2017 BSA Registration (regardless of your membership status - everyone must complete an application)**

- 2017 BSA Youth Application
- OR**
- 2017 BSA Adult Application (18 and older OR if your birthday falls prior to 8/31/2017)

# Summer Camp Staff Form Part A - Volunteer

Please Print – Forms must be filled out completely

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Age as of 6/1/\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Council

\_\_\_\_\_  
District

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

Is hereby accepted for the volunteer position of \_\_\_\_\_ at \_\_\_\_\_  
and for such other duties as may be assigned by Camp Management.

Dates of volunteer service from \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

Volunteer duties include setting up and taking down camp and training that may be necessary, even if not within above dates, for the volunteer requirements of the position named above. The Council shall be responsible for camp school registration and fees if applicable to your volunteer duties. Termination of your volunteer duties can be terminated by either you or the camp at any time, with or without cause and with or without notice.

**As per Pennsylvania Act 15, all camp staff, 14 and older are required to secure and provide Minsi Trails Council prior to your arrival on camp property. Clearances include: Pennsylvania State Police Criminal History, Pennsylvania Department of Human Services Child Abuse Clearance, and FBI fingerprint based Federal Criminal History. Any cost associated with clearances must be paid for by the staff member applicant. My volunteer position is contingent upon a successful background clearance.**

The Camp staff member and Parent or Guardian (for those under 18 years) indicate, by their signatures below, their agreement with the above items listed in Staff Member Agreement-Part A and the items listed on the Mutual Understanding Agreement-Part B. **All items are to be initialed on Part B to indicate your understanding. If under 18 years of age, parent must also initial.**

My shirt size (in adult sizes) (Circle one):    S    M    L    XL    XXL    XXXL

**Staff volunteer positions are awarded regardless of race, color, sex, age, national origin, or disability.**

\_\_\_\_\_  
Staff Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian\* (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Address (if different from above)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Camp Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scout Executive Signature

\_\_\_\_\_  
Date

Forms must be filled out completely.

# Summer Camp Staff Form Part B - Volunteer

Both Volunteer & Parent (if under 18) must initial each item) if applicable to your camp

## IT IS OUR MUTUAL UNDERSTANDING THAT:

1. \_\_\_\_\_/\_\_\_\_\_ **For summer resident camp volunteer** - you will be expected to wear complete, official, Scout Summer uniform and cap, with no non-Scout clothing added. We recommend two complete summer uniforms. Camp will provide one "Class B" shirt. Failure to wear proper attire may result in disciplinary action, up to and including dismissal.
2. \_\_\_\_\_/\_\_\_\_\_ **For day camp volunteer**, the day camp class B t-shirt is required.
3. \_\_\_\_\_/\_\_\_\_\_ Your conduct while as a staff member must be exemplary, both on and off duty. As a staff member you must bring only positive reflection on your actions. Failure to abide by these principles will be grounds for immediate dismissal. Additionally, your Youth Protection, Weather Hazards and Unlawful Harassment Prevention trainings be current
4. \_\_\_\_\_/\_\_\_\_\_ **For summer resident camp volunteer** - those 18 and over (**only**), wishing to bring a car to a Minsi Trails Council owned property, must secure advance approval from your Camp Director. Any volunteer who brings a car to Camp must have a minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director. **Only drivers 21 and older may take staff passengers off camp property.** Volunteers further agree to follow all requirements of the Driver License and Vehicle Information attached hereto.
5. \_\_\_\_\_/\_\_\_\_\_ The Camp is not responsible for personal items brought to Camp. There is no insurance coverage, provided by Minsi Trails Council, for personal items, for theft, fire, or other risk. In order to safeguard the Camp and its volunteers, and to help prevent the possession, use, and sale of illegal controlled substances on the Camp's premises, the Camp reserves the right to inspect any package, parcel, purse, handbag, lunch box, or any other possession or article carried to and or from the Camp's property. In addition, the Camp reserves the right to search any volunteer's office, desk, files, locker, tool box, vehicles, or any other area or article on the Camp owned and/or rented premises or brought to the Camp's property. Said inspections may be conducted by the Camp at any time at its sole discretion.
6. \_\_\_\_\_/\_\_\_\_\_ **For summer resident camp volunteer** - Staff members' living quarters will be designated by the Camp Director. You are required to keep your quarters neat and clean at all times. Bedtime or "taps" will be assigned by your Camp Director and you must be in your assigned area/living quarters at this time. This must be honored by all staff members.
7. \_\_\_\_\_/\_\_\_\_\_ An additional **mandatory requirement** for volunteer staff is a completed BSA Annual Health and Medical Form, (resident camp staff Part A, B, C completed) - signed by a physician, (day camp staff Part A, B completed) and your parents signature if you are under 18. You must use the current BSA Annual Health and Medical, which may be obtained at [scouting.org](http://scouting.org). Also, by completing the BSA Annual Health and Medical Form, you agree to the informed consent, release agreement and authorization.
8. \_\_\_\_\_/\_\_\_\_\_ While you are on camp property accidents must be reported to the Camp Health Officer **immediately**. As a camp staff volunteer you are not covered under workman's compensation. You are eligible for coverage under the BSA Council Accident & Sickness Insurance Plan. Coverage is Excess of All Other Insurance or Healthcare plans in Force. This policy is excess to any and all other available source of medical insurance or other healthcare benefits. You must file your bills through your primary/personal insurance carrier or healthcare plan prior to this policy responding. When your primary insurance company or healthcare plan processes the charges, they will send you an Explanation of Benefits, or "EOB." Please submit copies of their Explanation of Benefits along with your claim to Health Special Risk, Inc. In the event you have no other primary insurance or healthcare plan, this policy with pay as primary subject to the plan limits and terms. If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at [boyscouts@hsri.com](mailto:boyscouts@hsri.com). You may also forward any documents by fax to (972) 512-5820. Health Special Risk, Inc. 4100 Medical Parkway Carrollton, TX 75007

## Summer Camp Staff Form Part B - Volunteer

My or my family's Health Insurance Company is \_\_\_\_\_

Policy/Certificate # \_\_\_\_\_

9. \_\_\_\_\_/\_\_\_\_\_ You will, assist the entire staff in forwarding the program and the objectives of the Boy Scouts of America and Minsi Trails Council. Your primary volunteer position is listed on the Summer Camp Staff Form Part – A. You may however be assigned other duties or be re-assigned to another position at the discretion of the Camp Director.
10. \_\_\_\_\_/\_\_\_\_\_ Volunteers will be subject to discipline for failure to adequately perform work duties and/or for violation of any of the Camp's policies or procedures. Such discipline may be in the form of verbal warning, written warning, suspension, or immediate dismissal. The determination of appropriate disciplinary action shall be in the sole discretion of the Camp based upon the facts and circumstances of each infraction. Examples of infractions that may result in disciplinary action include, but are not limited to, the following: A) Use of alcohol by anyone in camp; B) Use of illegal drugs at any time; C) Abuse of over-the-counter drugs; D) Striking a camper, another staff person, or adult leader for any reason, even if you feel justified; E) Continued use of foul or abusive language; F) Lack of attention to job responsibilities or refusing to perform work as directed; G) Falsification of documents and/or records, such as volunteer applications, personnel documents or time-keeping records; H) Unsatisfactory performance of job duties; I) Insubordination or other disrespectful conduct; or J) harassment or other unlawful or unwelcomed conduct. This list is not comprehensive or all-inclusive and does not limit, in any way, the Camp's right to terminate at any time, with or without cause.
11. \_\_\_\_\_/\_\_\_\_\_ I understand and will follow the guidelines and policies of the Boy Scout of America. These include Youth Protection Guidelines, Weather Hazards training, and Unlawful Harassment Prevention training.

**This section to be completed only if:**

12. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **Pennsylvania State Police Criminal History** clearance to Minsi Trails Council.
13. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **Human Services Child Abuse Clearance** to Minsi Trails Council.
14. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **FBI Fingerprint based Federal Criminal** clearance to Minsi Trails Council.
- OR**
15. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **Minsi Trails Council Disclosure Statement for Volunteers** in lieu of the FBI fingerprint based Federal Criminal History to Minsi Trails Council.
16. \_\_\_\_\_/\_\_\_\_\_ I understand my volunteer position is contingent upon submitted verification of above clearances.



OR

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, the Boy Scouts of America will procure consumer reports on you in connection with your application, and the Boy Scouts of America may procure additional consumer reports at any time in order to evaluate your continued suitability for participation. The Boy Scouts of America has contracted with First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail at First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by First Advantage from public record sources. The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to First Advantage at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and First Advantage to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility in the Boy Scouts of America. I also understand that additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, First Advantage.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for participation. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by First Advantage, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at First Advantage offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. First Advantage will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your participation with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

Retain in permanent file.

2 of 2

# ADULT APPLICATION

524-501

This form is read by machine. Please print the numbers and letters as shown:

UNIT ADULTS (fill in the circle.)  
1 2 3 4 5 6 7 8 9 0 A B C D E F G H I

The information obtained in this form is for the internal use of the BSA only.

Pack  Troop  Team  Crew  Ship  Unit No. OR District name

EXPIRE DATE: / / TERM: MONTHS  New leader  Former leader  Venturer

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM: COUNCIL NO. TYPE OF UNIT UNIT NO.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Business phone Cell phone Ext.

Date of birth (mm/dd/yyyy) Ethnic background:  Black/African American  Native American  Alaska Native  Asian  Driver's license No. State

Gender: M F Social Security No. (required) Occupation Employer

Country Business address City State Zip code

Position Code Scouting position (description) Are you an Eagle Scout? Yes No Date earned (mm/dd/yyyy)

E-mail address (Select one) Work Home  Boys' Life subscription

I understand that: 1. By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.

2. I agree to complete youth protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.BSA.org).

3. I hereby release and agree to hold harmless from liability any person or organization, local council, chartered organization, and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.

4. I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS REQUIRED APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America. Signature of unit committee chairman Date Signature of chartered organization head or representative APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America. Signature of Scout executive or designee Date

Registration fee \$ Boys' Life fee \$

All questions must be answered. Write NONE if applicable. 1. Scouting background: Position Council Year 2. Experience working with youth in other organizations. Please provide contact information. 3. Previous residences (for last five years): State City 4. Current memberships (religious, community, business, labor, or professional organizations). 5. References. Please list those who are familiar with your character. References may be checked. Name Telephone ( ) Name Telephone ( ) Name Telephone ( ) 6. Additional information. (Mark each answer.) a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain: Yes No b. Do you use illegal drugs or abuse alcohol? Explain: c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: d. Has your driver's license ever been suspended or revoked? Explain: e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: f. Are you aware of any reason not listed above that may call into question your suitability to supervise guide, care for, and lead young people?

LOCAL COUNCIL COPY Retain on file for three years.