

## Summer Camp Staff 2019 - Volunteer

Regardless of the camp you will be at, the dates below are opportunities for you, as a Minsi Trails Council Camp Staff Member candidate, to turn in your completed paperwork well in advance of your arrival on camp property!

### **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  
[paul.oswald@scouting.org](mailto:paul.oswald@scouting.org) or (610) 465-8576
- Camp Staff open house night Wednesday May 22, 2019 4 PM – 7:00 PM

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

- Settlers Beaver Weekend Saturday May 4, 2019 (Dining Hall) 9 AM
- Akelaland Beaver Weekend Saturday May 4, 2019 (Dining Hall) 1 PM
- Camp Minsi Beaver Weekend Saturday May 11, 2019 (Dining Hall) 9 AM



**Prepared. For Life.™**

**Boy Scouts of America**

**Minsi Trails Council**

Staff Member Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Camp \_\_\_\_\_

**Use the check list to complete your paperwork. All forms must be received to be APPROVED.  
If Incomplete, ALL will be returned to Staff Member for completion.**

Check off
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- Complete/Initial/Sign - 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 14-year-old and older volunteer is responsible for securing clearances. Copies are to be turned in with your camp staff paper work. **NO EXCEPTIONS**

- 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 needed to be completed. Turn in a copy with paperwork.** [Minsitrails.org/resources/campstaff](http://Minsitrails.org/resources/campstaff)

- Unlawful Harassment Prevention Training (training to be taken **every year**)
- BSA Youth Protection Training – MUST TAKE NEW 4 SECTION COURSE – non-negotiable.
- BSA Weather Hazard Training (valid for 2 years – expiration not to be before 8/31/2019)

**2019 BSA Registration (regardless of your current status - everyone must complete an application)**

- 2019 BSA Youth Application
- OR**
- 2019 BSA Adult Application (18 and older OR if your birthday falls prior to 8/31/2019)

**FINAL STEP:**

Prior to your arrival on camp property, you will need to secure a "**staff approved letter**" from Paul Oswald, Director of Support Services. The letter will indicate your camp staff paperwork is complete and cleared to be on property. **Bring your completed BSA Annual Health and Medical form to camp with your "staff approved letter."**

Internal Use: \_\_\_\_\_  
Staff Approved Letter Date

# Summer Camp Staff Form Part A - Volunteer

Please Print – Forms must be filled out completely and legible

\_\_\_\_\_  
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. I understand \_\_\_\_\_ (initial)**

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 A - Volunteer

Please Print – Forms must be filled out completely and legible

\_\_\_\_\_  
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. I understand \_\_\_\_\_ (initial)**

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.
1. \_\_\_\_\_ / \_\_\_\_\_ I understand, prior to my arrival on camp property, I will need to secure a "staff approved letter" from the Minsi Trails Council Director of Support Services. I also understand I will need to bring my approved letter, along with my completed BSA Annual Health and Medical Form with me at check in day.

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

2. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **Pennsylvania State Police Criminal History** clearance to Minsi Trails Council.
3. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **Human Services Child Abuse Clearance** to Minsi Trails Council.
4. \_\_\_\_\_/\_\_\_\_\_ I have, as a unit/district/council level volunteer previously submitted my **FBI Fingerprint based Federal Criminal** clearance to Minsi Trails Council.
- OR**
5. \_\_\_\_\_/\_\_\_\_\_ 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.
6. \_\_\_\_\_/\_\_\_\_\_ I understand my volunteer position is contingent upon submitted verification of above clearances.

Did you include a copy of your training certificates?

- Unlawful Harassment Prevention Training
- BSA Youth Protection Training
- BSA Weather Hazard Training

Age 17 and under  
complete BSA Youth  
Application

or

Age 18 and older  
complete BSA Adult  
Application &  
Background Check  
Authorization





# BSA ADULT APPLICATION

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname: \_\_\_\_\_

Country \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Ext. \_\_\_\_\_

Cell phone \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_

Ethnic background:

Black/African American     Native American     Alaska Native     Asian  
 Caucasian/White     Hispanic/Latino     Pacific Islander     Other

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) \_\_\_\_\_

Email address (Select one)

Work \_\_\_\_\_  
 Home \_\_\_\_\_

@ \_\_\_\_\_

Boys' Life subscription

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle, I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.

INITIALS REQUIRED

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS REQUIRED

YPT completion certificate attached     Background Check Authorization form attached

## To be completed by unit

*Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.*

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

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 to be an adult leader in the BSA.

Signature of chartered organization head or representative \_\_\_\_\_

Date \_\_\_\_\_

Signature of Scout executive or designee \_\_\_\_\_

Date \_\_\_\_\_

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

New leader     Position change     Transfer application

Enter membership number from unexpired certificate: \_\_\_\_\_

Unit Type:  Pack     Troop     Crew     Ship

Former leader     Multiple registration     Participant

Transfer from council number: \_\_\_\_\_

Unit type:  Pack     Troop     Crew     Ship

Unit No.: \_\_\_\_\_

Unit No. \_\_\_\_\_

OR

Term: \_\_\_\_\_ Months

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 10 years). City \_\_\_\_\_ State \_\_\_\_\_

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 \_\_\_\_\_

6. Additional information. (Mark each answer) Yes  No

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: \_\_\_\_\_

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?  Yes  No

# **BACKGROUND CHECK AUTHORIZATION**

*(Please print)*

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of birth: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)**, as well as this **Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.).

I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For **California, Minnesota, or Oklahoma individuals only**: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_