

**VULCAN DISTRICT
CUB SCOUT DAY CAMP – 5-DAY WALKING DEN LEADER**

Leader Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Office Phone: (_____) _____ - _____

e-mail address: _____

Registered Scout Leader (Y/N): _____

Cub Scout camper(s) to be eligible for discount:

Scout Name: _____ Grade/Rank*: _____ Pack: _____ Days: _____

Scout Name: _____ Grade/Rank*: _____ Pack: _____ Days: _____

*Indicate Grade entering or Scout rank beginning this Fall
(Example: a boy entering 2nd Grade, or who has completed Tiger Cubs, would be entered as "Wolf")

For multiple scouts, indicate which days will be spent with each.

Scout Leader Training Completed:

Date(s)

Youth Protection Training (Required) _____

Safe Swim Defense (Recommended) _____

NOTE: Required and recommended training is available on-line at: <http://olc.scouting.org>

In accepting the responsibilities and privileges of a 5-Day Walking Den Leader, I agree that I will be present every day (5 Days) during Day Camp.

Applicant Signature

Date

Mail: Teresa Hall, 535 O'Neal Drive, Hoover, AL 35226
Fax: Teresa Hall: 205-934-3179