

Application To Be A Campmaster

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____

Current BSA Registered Position _____

Camping Experience _____

Special skills or hobby interests that might be worth sharing with a unit in camp _____

Wood Badge Training: Year Attended _____ Council _____

ARC First Aid & CPR _____ Youth Protection Training _____

Hazardous Weather Training _____ IOLS _____

Applicant's Signature _____ Date _____

Please return to:

Shawn Nixon

Shawn.Nixon@scouting.org

4057 Swimming Pool Rd

Yellow Springs, OH 45387