

Gerald R. Ford Council 2010 Leader Application Form Gerber Scout Camp

The following information is required by the Michigan Department of Consumer and Industry pursuant to Public Act 116 of 1973 and Administrative Rule 109.(4).

Troop/Den/Pack number _____ Registration position in council: _____
Position in camp: _____ Number of years registered with the BSA: _____
Number of year/seasons in summer camp as an adult leader: _____
Number of years in Leadership of short term weekend camping: _____

Please indicate training received by: I= date issued E= date expires

BSA TRAINING

Basic Leader Training I _____
Youth Protection I _____
Wood Badge I _____
Camp School E _____
Section _____

HEALTH & SAFETY TRAINING

CPR (ARC or American Heart) E _____
Basic First Aid (ARC) E _____
Other Medical Training License E _____
Bloodborne Pathogen Training I _____
Other: _____

FIELD SPORTS TRAINING

National Rifle Association I _____
National Archery Association I _____
Hunter Safety Instructor I _____

WATER SAFETY TRAINING

Safe Swim Defense E _____
Safety Afloat E _____
ARC WSI E _____
BSA Lifeguard E _____
ARC Lifeguard E _____
YMCA Progressive Swim Inst. E _____

OTHER OUTDOOR EDUCATION/SKILLS

Explain: _____

Other

Describe: _____

⇒Have you ever been convicted of anything other than a minor traffic violation? ☐ YES ☐ NO

If yes, please explain: _____

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for me. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

(*If for religious reasons you cannot sign this, contact the council for a legal waiver, which must be signed for attendance.)

I have knowledge and understanding of the requirements for reporting suspecting cases of child abuse/neglect, as stated in the camp policy dealing with child abuse/neglect and that the information on this form is correct to the best of my knowledge.

Signature _____ Date _____

REFERENCES

As the representative for the charting organization, I recommend the above-identified individual to serve as a leader of our Scouts in camp.

Signature _____ Date _____

As an individual who knows the good character of the above-identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.

Signature _____ Date _____

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Signature _____ Date _____