

Position Applied For: \_\_\_\_\_

Date Received: (official use only) \_\_\_\_\_

## BAY-LAKES COUNCIL JAMBOREE LEADER APPLICATION

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ District \_\_\_\_\_

Years in Scouting: Adult \_\_\_\_\_ Youth \_\_\_\_\_ Rank \_\_\_\_\_

Current Registered Position \_\_\_\_\_ Unit \_\_\_\_\_

### Adult position(s) held, and for how long?

Scoutmaster \_\_\_\_\_ Advisor \_\_\_\_\_

Assistant Scoutmaster \_\_\_\_\_ Assoc. Advisor \_\_\_\_\_

Unit Committee Chair \_\_\_\_\_ Skipper \_\_\_\_\_

Unit Committee Member \_\_\_\_\_ Mate \_\_\_\_\_

Commissioner \_\_\_\_\_ Other \_\_\_\_\_

Scouting awards received \_\_\_\_\_

Can you meet the High Adventure standards listed on BSA medical form (AHMR #680-001 Summit) Y / N

**Please describe any limitations:**

**Describe your long-term camping experience:**

### Training experience:

	<i>Date</i>	<i>Description</i>
Scoutmaster Position-Specific	_____	_____
Venturing Advisor Position-Specific	_____	_____
Introduction to Outdoor Leader Skills (IOLS)	_____	_____
Wood Badge	_____	_____
Other	_____	_____
National Experiences (i.e. Jamboree, NOAC, Philmont)	_____	_____

First aid training: Red Cross Advanced \_\_\_\_\_ CPR \_\_\_\_\_ EMT \_\_\_\_\_ Other \_\_\_\_\_

**State why you decided to participate in this experience and what you expect to gain from it:**

**Provide any information you believe will be helpful in assessing your qualifications for the position for which you are applying:**