

Harford District Cub Scout Day Camp Youth Volunteer Supplemental Medical Form & Staff Agreement

Youth Volunteer's Name: _____

I give permission for the camp Medical Staff to administer the following over the counter medications if it is deemed necessary.

_____ Tylenol _____ Benadryl _____ Advil

Parent/Guardian Signature

Date

Youth Staff Agreement

Upon signing this agreement:

- ❖ I believe that I have an obligation to my volunteer work, to my colleagues and to the Cub Scouts.
- ❖ I understand that in exchange for my volunteer service, I will earn service hours for school or scout use.
- ❖ I will seek to be fair and consistent with the Cub Scouts.
- ❖ I understand that abusive or foul language will not be tolerated by anyone at camp.
- ❖ I understand that alcohol and drug use is strictly forbidden.
- ❖ I will not submit the Scouts or Staff to any form of initiation.
- ❖ I will follow the guidelines in the Youth Volunteer Guide and will assist, to the best of my ability, in Day Camp operations.
- ❖ I will have a positive attitude and strive to see that each scout has a positive Day Camp Experience.
- ❖ I will wear my uniform each day and assure that my dress is modest (*no bellies showing, no short shorts, no low hanging shorts/pants*)
- ❖ I WILL HAVE FUN!

I have read and understand this agreement and I understand that failure to abide by these rules could lead to dismissal from Day Camp.

Youth Volunteer Signature

Date