

**COVID Application to Host an Event**

---



**BOY SCOUTS OF AMERICA<sup>®</sup>**  
**Capitol Area Council**

**Event:** \_\_\_\_\_

**Overview:**

*Provide a brief overview of the event. Example: Venturing is Happening is a Council Event that is coordinated by the Council Venturing Officer Association. This is a one-day, in-person event with no overnight activities. Activities are limited to Swimming and Shooting Sports.*

\_\_\_\_\_

\_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

Has this or a similar event occurred before since September 2020? \_\_\_\_ Yes \_\_\_\_ No

**Event Size (how many participants):** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Director/Leader:** \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Event COVID Safety Officer:** \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Event Camp Health Officer (Medic):** \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Will this event also fall under Short-Term Camp Standards?** \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

*This event has been reviewed by \_\_\_\_\_ on \_\_\_\_\_*

*and is:*       *Approved*      or       *Denied*

**Instructions:**

- **Submit at least *forty-five (45) days prior* to event.**
- **Complete all the information listed in this Application.**
- **Submit the application to: Michael Sullivan, VP Programs ([sully@austin.rr.com](mailto:sully@austin.rr.com))**

## COVID Application to Host an Event

---

The following questions will allow the Council Review Committee to learn more about the details of your event. **You may attach additional documents if more room is needed** to describe the COVID Safety precautions being taken (e.g., for meals, activities).

### **Check-in Procedures:**

*(How will staff and participants check in? Is there a designated check-in time? What location will be used for check-in (e.g., main parking lot) ? Will everybody in the car have their temperature taken? If anybody in the vehicle has a temperature over 100.4, all occupants inside the vehicle should be sent away.)*

---

---

### **Camp Health Officer/Medic:**

*(Will there be a Camp Health Officer or Medic onsite? Where is the designated Medical Lodge? Does the CHO/Medic have any additional duties or responsibilities in addition to what is outlined in the Guide to Conducting Council and District Events?)*

---

---

### **COVID Safety Officer (CSO):**

*(Does the COVID Safety Officer have any additional duties or responsibilities in addition to what is outlined in the Guide to Conducting Council and District Events? With the event have more than one CSO?)*

---

---

### **Face Coverings:**

*(Will face coverings be provided by the event?)*

---

---

### **Building Use (other than Bath House/Restrooms):**

*(What buildings are planned to be used for your event? Who will be allowed inside? What additional steps are being taken to ensure ventilation? What steps will you take to ensure the number of people inside of a building do not exceed the number of people allowed? Will any buildings be used for sleeping?)*

---

---

### **Bathroom Procedures:**

*(What bathroom facilities do you plan to use during this event?)*

---

---

**COVID Application to Host an Event**

---

**Cleaning Procedures:**

*(Will event staff be responsible for cleaning bathrooms, facilities and other program areas or has Council approved the use of their professional cleaning service for an additional fee)?*

---

---

**Water Stations:**

*(What procedures are you taking to keep water stations clean and sanitized?)*

---

---

**Meals:**

*(If meals are part of your event (prepared either by the event or individual units), specifically how will they be prepared/served? Be prepared to go into detail with this area.)*

---

---

**Will Participants or Staff be allowed to leave and then return after check-in?**

*(Yes or No. If yes (family emergency or medical), what steps will you take when they return?)*

---

---

**Additional Safety Precautions/Procedures:**

*(Is there anything else that you feel is important to add as part of your Event Plan.)*

---

---

**Changes to the Plan in the Event of Inclement Weather:**

*(What shelter locations have you identified for use during Inclement Weather and would that change anything relating to the information you have listed above?)*

---

---

## COVID Application to Host an Event

---

<i>Additional questions/acknowledgement required by the Event Director/Leader.</i>
--

1. Have you read and commit to adhere to the Council Guide to Conducting Council and District Activities?  Yes  No
2. Do you agree to follow the Council Cleaning procedures  Yes  No
3. Do you agree to follow the Council check-In procedures?  Yes  No
4. Do you agree to provide the primary COVID Safety Officer designated on this Application with the authority to send any staff, adult, or scout home should they fail to follow the establish Council Guide / Event Safety Guidelines?  Yes  No
5. You are aware that the Council may conduct a unannounced inspection of your event to ensure the Council Guide rules are being followed.  Yes  No
6. You acknowledge that the Council inspector and/or designated Event COVID Safety Officer has the authority to end the event if they find that Council COVID Procedures are not being followed.  Yes  No