



# BOY SCOUTS OF AMERICA®

## CAPITOL AREA COUNCIL

### CAMPMASTER APPLICATION

Name \_\_\_\_\_ Age (optional) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell \_\_\_\_\_ BSA Member ID \_\_\_\_\_

Email \_\_\_\_\_

#### SCOUTING EXPERIENCE

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

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

Unit \_\_\_\_\_ District \_\_\_\_\_

Leadership Positions Held \_\_\_\_\_

Date your Youth Protection Training expires \_\_\_\_\_

Check any of the following training courses you have completed:

Cub Scout Leader Specific

Scouts BSA Leader Specific

IOLS/BALOO

Wood Badge

Powder Horn

Leave No Trace

List any additional training that would be helpful to your duties as Campmaster

I will, to the best of my ability, serve as a Campmaster 2-4 weekends a year.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICIAL USE ONLY

Campmaster Committee Approval \_\_\_\_\_ Date \_\_\_\_\_

First weekends scheduled \_\_\_\_\_ Date \_\_\_\_\_