



BOY SCOUTS OF AMERICA

CAMPMASTER CORP APPLICATION

Sagamore Council

Name: _____ Birthdate: _____

Home Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

DO YOU HAVE THE FOLLOWING PREREQUISITE REQUIREMENTS FOR CAMPMASTER MEMBERSHIP?

	<u>Yes</u>	<u>No</u>	<u>Expiration Date</u>
A. Outdoor Leader Skills Training	[]	[]	_____
B. First Aid	[]	[]	_____
C. BSA Youth Protection Training	[]	[]	_____
D. CPR	[]	[]	_____
E. Registered in Scouting	[]	[]	_____

Position: _____ Unit: _____ District: _____

DO YOU HAVE A CERTIFICATE IN ANY OF THE FOLLOWING

Liquid Fuel [] Rifle Instruction [] Archery []

PLEASE LIST THREE REFERENCES BELOW

<u>Name</u>	<u>Address & Zip</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY OF THE FOLLOWING SKILLS

Archery []	First Aid []	Skiing []	Astronomy []
Fishing []	Tracking []	Axmanship []	Gun Safety []
Trail Camping []	Bird Study []	Hiking []	Tree Ident. []
Compass []	Orienteering []	Winter Camping []	Conservation []
Plant Ident. []	Cooking []	Snow Shoeing []	_____ []

Crew Preference: _____

I agree to maintain the high levels of training required to be a member of the Campmaster Corps by recertifying before my expiration dates.

Signature: _____ Date: _____

District Review _____	District Executive _____	Date: _____
Committee Review: _____		Date: _____
Council Approval: _____		Date: _____
Chief Campmaster: _____		Date: _____
Council Executive: _____		Date: _____