

Cub Scout Camp Adult Volunteer APPLICATION

Name _____

SS# _____ Date of Birth _____

Address _____

Town/City _____ State _____ Zip _____

Telephone (home) _____ (business) _____

Are you a registered Scout Leader? _____ Position _____ Pack# _____

Check if you have had the following training

Fast Start Basic Pow Wow Camp

Youth Protection Training (Date) _____

Current CPR Certificate Yes No

Current First Aid Certificate Yes No

Have you volunteered at a Yankee Clipper Council Camp before? _____

If yes, when and in what capacity _____

Why do you want to volunteer? _____

Training will be provided for den escorts prior to summer camp.

I wish to volunteer for the following: (Check all that apply)

Cub Scout Day Camp

July 7 to July 11 July 14 to July 18 July 21 to July 25

Greater Lowell August 18 to August 22 (1 Session)

Nihan Cub Day Camp August 18 to August 22 (1 Session)

Webelos Resident Camp July 30 to August 2 (1 Session)

Cub Overnight Camp July 26 to July 28 (1 Session)

Twilight Evening Camp July 7 to July 11 (1 Session)

I understand that training will be provided prior to my arrival at camp.

Lone Tree Den Escorts are provided one T-shirt. My adult size is:

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Mail to: Yankee Clipper Council, BSA, 36 Amesbury Road, Haverhill, MA 01830-2802

The Commonwealth of Massachusetts mandates operators of all camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service. A new “Camp CORI Request Form” must be completed each year and even if you have already completed another CORI for membership in the Boy Scouts. Thank you for your cooperation.



YANKEE CLIPPER COUNCIL, INC.

BOY SCOUTS OF AMERICA

**YCCBA
172G
FE590**

CHAPTER 6, § 172G CORI REQUEST FORM

Yankee Clipper Council, Inc., Boy Scouts of America is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
(Requested but not required)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

36 Amesbury Road, Haverhill, MA 01830-2802
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www.yccbsa.org

Please attach a copy of the applicant's photo ID to this form.