



Office Use Only:

Camp Director: _____

Lodge Advisor: _____

Coordinator: _____

Information Packet: _____

Mailing List: _____

Service Corps Application

Name: _____

Age: _____ Circle One: Ordeal / Brotherhood / Vigil

District: _____ Unit #: _____

Scout Rank: 1st / Star / Life / Eagle

Cell Phone #: _____ Email: _____

Home Phone #: _____

Special Skills:

Certifications/ Skills:

- | | |
|---|---|
| <input type="checkbox"/> Scout Skills Instruction | <input type="checkbox"/> Shooting Sports (Instructor / Assistant) |
| <input type="checkbox"/> BSA Chain Saw Cert. | <input type="checkbox"/> Mechanical Skills |
| <input type="checkbox"/> Medical (EMT/FR/RN/DR) | <input type="checkbox"/> Den Chief |

Medical Problems/Limitations/Food Allergies:

**Also List on Medical Form

ATTACH A CURRENT BSA MEDICAL FORM TO THIS APPLICATION!!!
This Application can be submitted at the Council Office.

Point of Contact
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