Gerald R. Ford Council 2010 Leader Application Form
Gerber Scout Camp

The following information is required by the Michigan Department of Consumer and Industry pursuant to Public Act 116 of 1973 and Administrative Rule 109.(4).

Troop/Den/Pack number_____ Registration position in council:_____
Position in camp:_____ Number of years registered with the BSA:_____
Number of year/seasons in summer camp as an adult leader: _____
Number of years in Leadership of short term weekend camping:_____

Please indicate training received by: I= date issued E= date expires

BSA TRAINING
Basic Leader Training I_____
Youth Protection I_____
Wood Badge I_____
Camp School E_____
Section_____

HEALTH & SAFETY TRAINING
CPR (ARC or American Heart) E_____
Basic First Aid (ARC) E_____
Other Medical Training License E_____
Bloodborne Pathogen Training I_____
Other:_____

FIELD SPORTS TRAINING
National Rife Association I_____
National Archery Association I_____
Hunter Safety Instructor I_____

WATER SAFETY TRAINING
Safe Swim Defense E_____
Safety Afloat E_____
ARC WSI E_____
BSA Lifeguard E_____
ARC Lifeguard E_____
YMCA Progressive Swim Inst. E_____

OTHER OUTDOOR EDUCATION/SKILLS
Explain:

Other
Describe:

⇒Have you ever been convicted of anything other than a minor traffic violation? □YES □NO

If yes, please explain: _____

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for me. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

(*If for religious reasons you cannot sign this, contact the council for a legal waiver, which must be signed for attendance.)

I have knowledge and understanding of the requirements for reporting suspecting cases of child abuse/neglect, as stated in the camp policy dealing with child abuse/neglect and that the information on this form is correct to the best of my knowledge.

Signature Date

REFERENCES

As the representative for the charting organization, I recommend the above-identified individual to serve as a leader of our Scouts in camp.

_____ _____
Signature Date

As an individual who knows the good character of the above-identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.

_____ _____
Signature Date

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_____ _____
Signature Date