

Summer Camp Staff 2022 - Volunteer

Regardless of the camp you will be at, the dates below are opportunities for you, as a Minsi Trails Council Camp Staff Member candidate, to turn in your completed paperwork well in advance of your arrival on camp property!

Minsi Trails Council Service Center, 991 Postal Road, Allentown

- By appointment Mondays w/ Brian Dungan, Camping Director
(Call or email to schedule) 9 AM – 5 PM
brian.dungan@scouting.org or (610) 465-8557
- Saturday April 23, 2022 Council Service Center 9:00AM to Noon.
- Saturday May 14, 2022 Council Service Center 9:00AM to Noon

Trexler Scout Reservation and Camp Minsi

- Akelaland – Beaver Day May 7, 2022 (Dining Hall) 1:00PM
- Camp Trexler – Beaver Day May 7, 2022 (Dining Hall) 9:00AM
- Camp Minsi – Beaver Day May 21, 2022 (Dining Hall) 9:00AM

OA Spring Weekend

- June 4 Camp Trexler Dining Hall 9:00AM to 11:00AM



Prepared. For Life.™

Boy Scouts of America

Minsi Trails Council

Staff Member Name _____ Today's Date _____ Camp _____

**Use the check list to complete your paperwork. All forms must be received to be APPROVED.
If Incomplete, ALL will be returned to Staff Member for completion.**

Check off

- ☐ Complete/Initial/Sign - Summer Camp Staff Form Part A and Part B - Volunteer

State of Pennsylvania Act 15 Clearances: Info found at [Minsitrails.org/resources/paact15](https://www.minsitrails.org/resources/paact15)

The 14-year-old and older volunteer is responsible for securing clearances. Copies are to be turned in with your camp staff paper work. **NO EXCEPTIONS**

- ☐ PA Child Abuse History Clearance _____
- ☐ Pennsylvania State Police Criminal Record Check _____
- ☐ Federal Criminal Background Check _____

OR

- ☐ Waiver of FBI Background Clearance for Volunteers _____

BSA Online Trainings needed to be completed. Turn in a copy with paperwork. [Minsitrails.org/resources/camp-staff-](https://www.minsitrails.org/resources/camp-staff-)

- ☐ Workplace Harassment Prevention Training (**training to be taken every year**)
- ☐ BSA Youth Protection Training – MUST TAKE NEW 4 SECTION COURSE – non-negotiable.
- ☐ BSA Weather Hazard Training (valid for 2 years – expiration not to be before 8/31/2022)

2021 BSA Registration (regardless of your current status - everyone must complete an application)

- ☐ 2022 BSA Youth Application
- OR**
- ☐ 2022 BSA Adult Application (18 and older OR if your birthday falls prior to 8/31/2022)

18 and Over Bringing a Car to Camp

- ☐ Minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director.

FINAL STEP:

Prior to your arrival on camp property, you will need to secure a "**staff approved letter**" from Brian Dungan, Camping Director. The letter will indicate your camp staff paperwork is complete and cleared to be on property. Bring your completed BSA Annual Health and Medical form to camp with your "staff approved letter."

Internal Use: _____
Staff Approved Letter Date _____

Summer Camp Staff Form Part A - Volunteer

Please Print – Forms must be filled out completely and legible

Name (Last, First, MI)

Age as of 6/1/____

Date of Birth

Phone Number

Council

District

Unit #

Street Address

City, State, Zip

County

Is hereby accepted for the volunteer position of _____ at _____
and for such other duties as may be assigned by Camp Management.

Dates of volunteer service from _____ to _____ 20____

Volunteer duties include setting up and taking down camp and training that may be necessary, even if not within above dates, for the volunteer requirements of the position named above. The Council shall be responsible for camp school registration and fees if applicable to your volunteer duties. Termination of your volunteer duties can be terminated by either you or the camp at any time, with or without cause and with or without notice.

As per Pennsylvania Act 15, all camp staff, 14 and older are required to secure and provide Minsi Trails Council prior to your arrival on camp property. Clearances include: Pennsylvania State Police Criminal History, Pennsylvania Department of Human Services Child Abuse Clearance, and FBI fingerprint based Federal Criminal History. Any cost associated with clearances must be paid for by the staff member applicant. My volunteer position is contingent upon a successful background clearance. I understand _____ (initial)

The Camp staff member and Parent or Guardian (for those under 18 years) indicate, by their signatures below, their agreement with the above items listed in Staff Member Agreement-Part A and the items listed on the Mutual Understanding Agreement-Part B. **All items are to be initialed on Part B to indicate your understanding. If under 18 years of age, parent must also initial.**

My shirt size (in adult sizes) (Circle one): S M L XL XXL XXXL

Staff volunteer positions are awarded regardless of race, color, sex, age, national origin, or disability.

Staff Volunteer Signature

Date

Parent or Guardian* (if under 18)

Date

Parent Address (if different from above)

Home Phone Number

Cell Phone Number

Camp Director Signature

Date

Scout Executive Signature

Date

Forms must be filled out completely.

Summer Camp Staff Form Part B - Volunteer

Both Volunteer & Parent (if under 18) must initial each item) if applicable to your camp

IT IS OUR MUTUAL UNDERSTANDING THAT:

1. _____/_____ **For summer resident camp volunteer** - you will be expected to wear complete, official, Scout Summer uniform and cap, with no non-Scout clothing added. We recommend two complete summer uniforms. Camp will provide one "Class B" shirt. Failure to wear proper attire may result in disciplinary action, up to and including dismissal.
2. _____/_____ **For day camp volunteer**, the day camp class B t-shirt is required.
3. _____/_____ Your conduct while as a staff member must be exemplary, both on and off duty. As a staff member you must bring only positive reflection on your actions. Failure to abide by these principles will be grounds for immediate dismissal. Additionally, your Youth Protection, Weather Hazards and Unlawful Harassment Prevention trainings be current
4. _____/_____ **For summer resident camp volunteer** - those 18 and over (**only**), wishing to bring a car to a Minsi Trails Council owned property, must secure advance approval from your Camp Director. Any volunteer who brings a car to Camp must have a minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director. **Only drivers 21 and older may take staff passengers off camp property.** Volunteers further agree to follow all requirements of the Driver License and Vehicle Information attached hereto.
5. _____/_____ The Camp is not responsible for personal items brought to Camp. There is no insurance coverage, provided by Minsi Trails Council, for personal items, for theft, fire, or other risk. In order to safeguard the Camp and its volunteers, and to help prevent the possession, use, and sale of illegal controlled substances on the Camp's premises, the Camp reserves the right to inspect any package, parcel, purse, handbag, lunch box, or any other possession or article carried to and or from the Camp's property. In addition, the Camp reserves the right to search any volunteer's office, desk, files, locker, tool box, vehicles, or any other area or article on the Camp owned and/or rented premises or brought to the Camp's property. Said inspections may be conducted by the Camp at any time at its sole discretion.
6. _____/_____ **For summer resident camp volunteer** - Staff members' living quarters will be designated by the Camp Director. You are required to keep your quarters neat and clean at all times. Bedtime or "taps" will be assigned by your Camp Director and you must be in your assigned area/living quarters at this time. This must be honored by all staff members.
7. _____/_____ An additional **mandatory requirement** for volunteer staff is a completed BSA Annual Health and Medical Form, (resident camp staff Part A, B, C completed) - signed by a physician, (day camp staff Part A, B completed) and your parents signature if you are under 18. You must use the current BSA Annual Health and Medical, which may be obtained at scouting.org. Also, by completing the BSA Annual Health and Medical Form, you agree to the informed consent, release agreement and authorization.
8. _____/_____ While you are on camp property accidents must be reported to the Camp Health Officer **immediately**. As a camp staff volunteer you are not covered under workman's compensation. You are eligible for coverage under the BSA Council Accident & Sickness Insurance Plan. Coverage is Excess of All Other Insurance or Healthcare plans in Force. This policy is excess to any and all other available source of medical insurance or other healthcare benefits. You must file your bills through your primary/personal insurance carrier or healthcare plan prior to this policy responding. When your primary insurance company or healthcare plan processes the charges, they will send you an Explanation of Benefits, or "EOB." Please submit copies of their Explanation of Benefits along with your claim to Health Special Risk, Inc. In the event you have no other primary insurance or healthcare plan, this policy with pay as primary subject to the plan limits and terms. If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at boyscouts@hsri.com. You may also forward any documents by fax to (972) 512-5820. Health Special Risk, Inc. 4100 Medical Parkway Carrollton, TX 75007

Summer Camp Staff Form Part B - Volunteer

My or my family's Health Insurance Company is _____

Policy/Certificate # _____

9. _____/_____ You will, assist the entire staff in forwarding the program and the objectives of the Boy Scouts of America and Minsi Trails Council. Your primary volunteer position is listed on the Summer Camp Staff Form Part – A. You may however be assigned other duties or be re-assigned to another position at the discretion of the Camp Director.
10. _____/_____ Volunteers will be subject to discipline for failure to adequately perform work duties and/or for violation of any of the Camp's policies or procedures. Such discipline may be in the form of verbal warning, written warning, suspension, or immediate dismissal. The determination of appropriate disciplinary action shall be in the sole discretion of the Camp based upon the facts and circumstances of each infraction. Examples of infractions that may result in disciplinary action include, but are not limited to, the following: A) Use of alcohol by anyone in camp; B) Use of illegal drugs at any time; C) Abuse of over-the-counter drugs; D) Striking a camper, another staff person, or adult leader for any reason, even if you feel justified; E) Continued use of foul or abusive language; F) Lack of attention to job responsibilities or refusing to perform work as directed; G) Falsification of documents and/or records, such as volunteer applications, personnel documents or time-keeping records; H) Unsatisfactory performance of job duties; I) Insubordination or other disrespectful conduct; or J) harassment or other unlawful or unwelcomed conduct. This list is not comprehensive or all-inclusive and does not limit, in any way, the Camp's right to terminate at any time, with or without cause.
11. _____/_____ I understand and will follow the guidelines and policies of the Boy Scout of America. These include Youth Protection Guidelines, Weather Hazards training, and Workplace Harassment Prevention training.
1. _____ / _____ I understand, prior to my arrival on camp property, I will need to secure a "staff approved letter" from the Minsi Trails Council Camping Director. I also understand I will need to bring my approved letter, along with my completed BSA Annual Health and Medical Form with me at check in day.

This section to be completed only if:

2. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Pennsylvania State Police Criminal History** clearance to Minsi Trails Council.
3. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Human Services Child Abuse** Clearance to Minsi Trails Council.
4. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **FBI Fingerprint based Federal Criminal** clearance to Minsi Trails Council.
OR
5. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Minsi Trails Council Disclosure Statement for Volunteers** in lieu of the FBI fingerprint based Federal Criminal History to Minsi Trails Council.
6. _____/_____ I understand my volunteer position is contingent upon submitted verification of above clearances.

Did you include a copy of your training certificates?

- Workplace Harassment Prevention Training
- BSA Youth Protection Training
- BSA Weather Hazard Training

Age 17 and under
complete BSA Youth
Application

or

Age 18 and older
complete BSA Adult
Application &
Background Check
Authorization

Please print one letter in each space.

First name (Full legal name)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Primary phone

Alternate phone

Ext.

Date of birth (mm/dd/yyyy)

Ethnic background:

☐ Black/African American
☐ Caucasian/White

☐ Native American
☐ Hispanic/Latino

☐ Alaska Native
☐ Pacific Islander

☐ Asian
☐ Other

Driver's license No.

Social Security No. (required)

Occupation

Employer

Country

Business address

City

State

Zip code

Position code

Scouting position title

Are you an Eagle Scout? ☐ Yes ☐ No

Date earned (mm/dd/yyyy)

Email address (Select one) ☐ Work ☐ Home

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principles, I agree to comply with the rules and regulations of the BSA and the local council, including the Scout Code of Conduct.

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative

Date

Unit type: ☐ Pack ☐ Troop ☐ New leader ☐ Position change ☐ Former leader ☐ Participant

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

☐ Transfer application

Enter membership number from unexpired certificate:

District name

Council No.:

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship

Unit No. or District name:

Registration \$

Boys' Life fee

OR

PAID: ☐ Cash ☐ Check No. ☐ Credit card

Signature of Scout executive or designee

Date

Boys' Life subscription ☐

BSA ADULT APPLICATION

All questions MUST be answered. Write NONE if applicable.

1. Scouting background. Council Year

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last 10 years). City State

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

Name Telephone ()

Name Telephone ()

Name Telephone ()

6. Additional information. (Mark each answer.) Yes No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:

b. Do you use illegal drugs or abuse alcohol? Explain:

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:

d. Has your driver's license ever been suspended or revoked? Explain:

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

Additional Disclosures

The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.

Minnesota: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

New York: Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at MembershipStandards@scouting.org.

AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

List any other names used (nickname, maiden/married last names): _____

Date of Birth: _____ Unit Type and Number: _____

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which in my case means criminal background check(s)/driving record(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's local councils and/or chartered organizations for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

☐ **For California, Minnesota, or Oklahoma individuals:** If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature _____ Date _____