

PLACE AN X IN THE BLANKS WHICH INDICATES WHICH COURSES YOU ARE QUALIFIED TO TEACH:

- | | |
|--|--|
| <input type="checkbox"/> SCOUTMASTER SPECIFIC | <input type="checkbox"/> SAFE SWIM DEFENSE |
| <input type="checkbox"/> ASSISTANT SCOUTMASTER SPECIFIC | <input type="checkbox"/> SAFETY AFLOAT |
| <input type="checkbox"/> HEALTH & SAFETY (RISK ZONE) | <input type="checkbox"/> TRAINERS EDGE |
| <input type="checkbox"/> CONDUCTING SCOUTMASTER CONFERENCE | <input type="checkbox"/> BOARD OF REVIEWS |
| <input type="checkbox"/> MERIT BADGE COUNSELOR ORIENTATION | <input type="checkbox"/> AQUATIC SUPERVISION |
| <input type="checkbox"/> AQUATIC PADDLE SAFETY | <input type="checkbox"/> CLIMB ON SAFELY |
| <input type="checkbox"/> TREK SAFELY | |

CURRENT TRAINING CERTIFICATIONS EARNED: _____

SCOUTING EXPERIENCE: _____

PAST SUMMER CAMP EXPERIENCES:

PLEASE LIST THREE REFERENCES:

NAME	ADDRESS	CITY/ST/ZIP	PHONE	RELATIONSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE OF APPLICANT _____ DATE _____



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