

CAMP GRIZZLY CUB WORLD GRIZZLY GUIDE APPLICATION

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: HOME () _____ BUS () _____

EMAIL ADDRESS _____

EMPLOYMENT

EMPLOYER'S NAME _____

YOUR POSITION _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER'S TELEPHONE NUMBER () _____

SCOUTING BACKGROUND

CURRENTLY REGISTERED AS (POSITION) _____

UNIT TYPE & NUMBER _____ DISTRICT _____

SCOUTING POSITIONS HELD	NUMBER OF YEARS IN EACH POSITION
_____	_____
_____	_____
_____	_____

FIRST AID QUALIFICATIONS OR EXPERIENCE – DESCRIBE _____

HOBBIES AND SPECIAL INTERESTS _____

CONDITION OF HEALTH _____

(OVER)

PLEASE LIST THREE (3) PEOPLE AS REFERENCES (Not Family Members)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: HOME (____) _____ BUS (____) _____

EMAIL ADDRESS _____

RELATIONSHIP TO YOU _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: HOME (____) _____ BUS (____) _____

EMAIL ADDRESS _____

RELATIONSHIP TO YOU _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: HOME (____) _____ BUS (____) _____

EMAIL ADDRESS _____

RELATIONSHIP TO YOU _____

In signing this application to become a Grizzly Guide with the Greater St. Louis Area Council, Boy Scouts of America, I acknowledge that all information given is accurate and true. I agree to subscribe to the ideals of the Scout Oath, Law, and Religious Principle. I agree to cooperate fully with the policies, program, and management of the Greater St. Louis Area Council, Boy Scouts of America.

I hereby consent to the use of my voice and/or photograph in the news coverage, movie making, or similar projects approved by the Boy Scouts of America.

SIGNED _____ DATE _____