



MINI BOW 2020



Patrol Leader Application

Due to the Council office by Friday, April 10th

PERSONAL INFORMATION

Name:

Mailing Address:

Street City Zip

Troop: _____ Troop Position: Leader Co-Leader Troop Helper

Camping Experience:

HEALTH INFORMATION

Allergies (please list all):

Please note: Food restrictions cannot be accommodated, Patrol Leaders with dietary needs will be responsible for bringing their own food

Any other health conditions that we should be aware of:

TELL US MORE ABOUT YOU

Please list all of your current certifications (Lifeguard, First-Aid, CPR, Canoeing, Etc.)

Certificate: _____ Date of Expiration: _____

Certificate: _____ Date of Expiration: _____

Certificate: _____ Date of Expiration: _____

Tell us why you want to be a Patrol Leader at Mini BOW 2020.

How would your camping experience make you a good Patrol Leader?

What do you think is the most important thing about an event like Mini BOW?

REFERENCES

Please list two personal references (non-family members) who can verify your qualification for this position.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

BACKGROUND

Have you ever been convicted of a crime? Yes No

If yes, please explain:

SIGNATURE

By signing below, I agree that the information I have provided above is all true and accurate, to the best of my knowledge.

Signature

Print Name

Date