

CAMPMASTER APPLICATION

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I'm registered with:

Unit: _____ District: _____ Position: _____

Trainings I've completed (not required for being a campmaster):

- ☐ Fast Start
- ☐ New Leader Essentials
- ☐ Cub or Boy Scout Leader Specific Training
- ☐ Safety Afloat/Safe Swim Defense
- ☐ Wood Badge
- ☐ C.O.P.E. Certified
- ☐ Climbing/Rappelling Certified
- ☐ Archery/Rangemaster Certified

Program Skills: _____

My hobbies include: _____

I'm interested in being a campmaster at:

- ☐ Camp Soule
- ☐ Sand Hill Scout Reservation

Approval by Council Camping Chairman

Mail completed application to:
West Central Florida Council, BSA
11046 Johnson Blvd • Seminole, FL 33772
Phone: (727) 391-3800 • Fax: (727) 392-1080