CAMPMASTER APPLICATION

Date:				
Last Name:		First Name	:	
Address:				
City:		State:		Zip:
Home Phone:		Work Phor	ne:	
Cell Phone: _		Email:		
I'm registered				
Unit:	District:		Position: _	
Trainings I've o	completed (not required for being a ca	ampmaster):		
	Fast Start New Leader Essentials Cub or Boy Scout Leader Specific Tra Safety Afloat/Safe Swim Defense Wood Badge C.O.P.E. Certified Climbing/Rappelling Certified Archery/Rangemaster Certified	iining		
Program Skills:	:			
My hobbies in	clude:			_
I'm interested	in being a campmaster at:			
	Camp Soule Sand Hill Scout Reservation		•	Scout Reservation . Brorein, Odessa
Approval by Co	ouncil Camping Chair			

Mail completed application to: Greater Tampa Bay Area Council, BSA 13228 N. Central Ave. ● Tampa, FL 33612 Phone: (813) 872-2691 ● Fax: (813) 875-5890