

CAMPMASTER APPLICATION FORM

CENTRAL NEW JERSEY COUNCIL, BSA 2245 US Highway 130, Suite 106 Dayton, NJ 08810
(609) 419-1600



To serve as a Campmaster, YOU MUST:

1. Be a currently paid registered scouter over the age of twenty-one.
2. Be willing and able to carry out the duties of Campmaster.
3. Abide by the: Principles of the BSA, Regulations established by the BSA and the Central New Jersey Council regarding KMSR & YCSR and THE CAMPMASTER'S CODE.
4. Be approved by the Campmaster Chairman and the Program Director.
5. Review the current BSA Youth Protection video tape.
6. Agree to serve a minimum of two weekends during the year.

In order to facilitate approval, please complete the questionnaire and sign it. Thank you.

PLEASE PRINT OR TYPE

NAME _____

STREET _____

TOWN, STATE & ZIP _____

AREA CODE + HOME PHONE _____

AREA CODE + BUSINESS PHONE _____

BEST TIME TO CALL _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

CURRENT BSA REGISTERED POSITION _____ UNIT # _____

DATE OF YOUTH PROTECTION TRAINING (MONTH & YEAR) _____

ARE YOU WILLING TO RUN THE KMSR TRADING POST? YES _____ NO _____

PREFERENCE ☐ EITHER ☐ KMSR ☐ YCSR

Skills with which you can help units, such as: Cooking, Pioneering, etc.

_____/_____/_____

Campmasters will normally be teamed as groups of three. At least one of the three campmasters should be able to arrive by 7 P.M. Friday evening, the other campmasters are to arrive by 9 A.M. Saturday morning. Campmasters must stay until all units are checked out, 1 P.M. Sunday afternoon DEADLINE.

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THE CAMPMASTER'S CODE: I am aware of the influence my personal conduct has by example on youth. I therefore agree to conduct my personal activities in accordance with good scouting tradition and to follow all regulations established by the council for the use of its facilities. I understand that alcoholic beverages, non-prescribed drugs, gambling and personal firearms are not allowed on council property. Immediate removal from council property and the campmaster corps will result from breaking this regulation.

Signature _____ Date _____

Recommended by [printed name] _____

Approved by _____