

**National Camping School for Cub Scout Camps  
Personal Resource Questionnaire**

The information provided will help the faculty prepare for your camping school session:

Section you will be attending this year: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Council Name & Number: \_\_\_\_\_ Headquarters City: \_\_\_\_\_ State: \_\_\_\_\_

How many years have you been involved in Scouting as an adult? \_\_\_\_\_

Are you employed as a Scouting Professional? Yes No - If yes, how many years? \_\_\_\_\_

What is your current registered position with the BSA? \_\_\_\_\_

**Training Completed**

Other (describe): \_\_\_\_\_

**Other Skills and Talents:**

Will you be bringing a musical instrument to camping school? Yes No (if yes, describe): \_\_\_\_\_

List any other camp program abilities (song leading, campfire skills, games, craft/hobby, etc.) that you would be willing to share with participants at this camping school: \_\_\_\_\_

**Tell us about your role in the camp that you will be serving this season:**

What will be your primary role at camp this season? \_\_\_\_\_

Prior to this season, how many years have you served in a leadership roll at camp? \_\_\_\_\_ Please describe any previous camp experience: \_\_\_\_\_

**Tell us about the camp that you will be serving this season?**

What is the type of camp that will you be serving? Day Camp; Resident Camp; Council Organized Family Camp

How many sessions of camp will be held? \_\_\_\_\_ What is the capacity for each session? \_\_\_\_\_

What is the camper fee? \$ \_\_\_\_\_ Additional fees? \_\_\_Yes \_\_\_No (if yes, describe): \_\_\_\_\_

Is your camp staff Paid? Volunteer? Combination paid & volunteers?

If combination, list paid positions: \_\_\_\_\_

Check the box that best describes your camp location:

\_\_\_ Council camp; \_\_\_ Public park; \_\_\_ School campus; \_\_\_ Military facility; \_\_\_ Private property; \_\_\_ Industrial park

Other (describe): \_\_\_\_\_

Does your camp utilize a dining hall or provide meals to campers and staff? \_\_\_Yes \_\_\_No.

Does your camp have an aquatics program? \_\_\_Yes \_\_\_No

**Please use the back of this form to describe any special program features or highlights that you feel make your camp special. In addition, you may also use the back of this form to submit questions to the National Camping School faculty in an attempt to receive answers to questions that will assist you in preparing for camp.**



# National Camping School Registration Work Sheet

Completing this form in advance will assist your council in completion the National Camping School registration process.

First name \_\_\_\_\_

Middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Gender Male Female \_\_\_\_\_

Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Address continued \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Attendee's e-mail address \_\_\_\_\_

I would like to receive emails from the BSA **ONLY** in the future about our programs?  Yes  No

Council name \_\_\_\_\_ District \_\_\_\_\_ Region \_\_\_\_\_

Position working at Camp \_\_\_\_\_ Name of camp \_\_\_\_\_

BSA Member ID \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

NCS section \_\_\_\_\_ NCS location \_\_\_\_\_

Yes  No, this candidate meets all published perquisites for the section?

Attendee is a  Volunteer  Professional Youth Protection Training date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Dietary restrictions  None  Low carb  No nuts  No shellfish  Diabetic  Gluten Free

Vegan  Vegetarian Other \_\_\_\_\_

Will arrive early  Yes  No

