



## Scout Volunteer Application

May 8 and 9, 2010

Hosted By: Troop 290  
Gerald R. Ford Council  
Boy Scouts of America

This year, millions of people will be able to witness and experience Scouting like never before! Created specifically for the 100th Anniversary, Adventure Base 100 will tour the country to give people an exciting, hands-on view of the history and future of the Boy Scouts of America.

Starting at the Rose Bowl in January and ending at the Macy's Thanksgiving Day Parade, this magnificent traveling exhibit will stop in more than 40 cities to share the Scouting experience. At each stop, Adventure Base 100 will unfold into a 10,000 square foot campus of interactive and immersive Scout-related experiences. For the Grand Rapids stop, the Gerald R. Ford and Southwest Michigan Councils will work together to bring this amazing campus to life.

The campus features a recruitment and registration tent, the "Go Scouting!" Dome – a multi-sensory experience that uses an IMAX-like domed screen, smells, and sounds to make visitors feel like they are a part of the action – a ropes course and zip line experience, traveling Scouting museum, stage, time capsule, VIP tent, green screen experience, Scout store, and sponsor tents. There will also be a virtual component. When people enter the campus, their contact information and other data will be collected. Our hope is to engage them in Scouting beyond the Adventure Base 100 experience.

Although the free event is open to all Scouts and the general public, volunteers and programming ideas for the campus' stage will be needed. Scouts will spend time working the exhibits in various functions to support the event. This is a service opportunity for Honor Scouts, Star Rank and above. Scouts need to be mature, willing to communicate effectively with the general public and able to stay on task.

Troop 290 of Ada has been asked to host the event and to recruit and coordinate the volunteers. Although a sizable force will be required to run the event, there are a limited number of positions. Interested Scouts need to fill out this application and submit it for consideration. Applicants must be approved by their parents and Scoutmaster. Scouts must be committed to being available during the event as scheduled and to attend any necessary training sessions in preparation. Volunteers will be selected from the pool of applicants using various selection criteria. Every Scout will need to be in full dress uniform during all on-duty times. They will be constantly in the public's eye as a *Boy Scout*.

If you are interested in volunteering, please completely fill out this form and make you're your parents/guardians and your Scoutmaster sign it. There are a limited number of available positions for this event and demand may be high. An alternate list may be made, if necessary.

Send completed applications by APRIL 1, 2010 to:

**Mr. Paul Slack**  
**AB100 Recruitment Chairman**  
**2075 Jennydale Ct SE**  
**Grand Rapids, MI 49546**  
**H: (616)940-0445**  
**Email: BSTroop290@aol.com**

**PRINT VERY NEATLY IN INK**

<b>Name</b>			<b>Phone</b>
<b>Address</b>			<b>Parent's Name(s)</b>
<b>City, State Zip</b>			
<b>Email Address</b>			<b>Troop Leadership Positions</b>  <b>Currently held:</b>  <b>Previously Held:</b>
<b>Troop Number</b>	<b>Rank</b>	<b>Age</b>	
<b>Council</b>			<b>Date of Birth</b>
<b>THE SCOUTMASTER APPROVES OF THIS SCOUT'S APPLICATION BY SIGNING HERE:</b>  <hr/> <b>Phone:</b> <hr/>			<b>Do you have a complete Class A Boy Scout uniform?</b>
			<b>Are you multi-lingual and/or able to translate? If so, what language(s)?</b>
			<b>Have you ever attended Mackinac Island Honor Scout Camp?</b>
			<b>Does your Troop have any musical groups, skills, etc. that could be presented on the stage during the event? If so, please list.</b>

**Parental Permission** form is signed and attached (page 3).

**THE SCOUT AGREES:**

*If accepted for the Adventure Base 100 Volunteer Team, I agree to follow all rules of the event and to attend all pre-camp training.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**THE PARENTS / GUARDIANS AGREE:**

*I/We hereby allow our son, identified above, to volunteer at the Adventure Base100 event. I/We have signed the attached medical and release permission form.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL PERMISSION – ADVENTURE BASE 100 VOLUNTEER**

I hereby give permission for my son/ward \_\_\_\_\_ to participate as a volunteer in the Adventure Base 100 event May 8 and 9, 2010 as a member of Troop # \_\_\_\_\_, ( \_\_\_\_\_ Council) of the Boy Scouts of America.

I give permission to the leaders of this activity to render First Aid should the need arise. In the event of a medical emergency, I also give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection, and secure other medical treatment as needed. I further agree to hold Troop 290, the Gerald R. Ford Council, Boy Scouts of America, its leaders, and other leaders designated by them for this event blameless for any accidents that might occur during this event except for clear acts of negligence or non-adherence to BSA policies and guidelines.

My son/ward has the following physical activity restrictions: (If none, please print "NONE")

Event leaders reserve the right to terminate activity for any Scout on the basis of improper or UN-Scout-like behavior.

**The following information is required by the Michigan Department of Consumer and Industry Services, pursuant to Public Act 116 and Administrative Rule 127.1(1).**

The health information contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injections(s) for my son. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual. I authorize my permission that over-the-counter medications may be dispensed to my son, for the relief of common minor ailments such as headache, upset stomach, diarrhea, muscle ache, sunburn, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_