

WINTER LODGE DIRECTOR APPLICATION

A TRAINING COURSE IS REQUIRED. You will be notified of the date, time, and place.

(PLEASE PRINT OR TYPE)

NAME _____
(FIRST) (MIDDLE INITIAL) (LAST)

MAILING ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP)

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

SCOUTING RECORDS:

CURRENT REGISTRATION: _____

POSITIONS HELD IN SCOUTING: _____

UNIT: _____ DISTRICT: _____ OTHER: _____

PLEASE CHECK:

Member of the Order of the Arrow: _____

Camp Staff: _____

Day Camp: _____

Cub Scout Training: _____

Boy Scout Training: _____

Venture Leader Training: _____

Other: _____

OUTDOOR SKILLS:

Skiing Knowledge: _____

Snow Cave Knowledge: _____

Snowshoe Knowledge: _____

TRAINING DATES COMPLETED:

Standard First Aid: _____

CPR Training: _____

Basic Director's Training: _____

SIGNATURE: _____ **DATE:** _____

Mail to: Cascade Pacific Council
Boy Scouts of America
2145 SW Naito Pkwy
Portland, OR 97201