2013 Jamboree Adult Application

Bold and Italicized=REQUIRED **Bold=SUGGESTED** Remaining=Optional

I am applying to attend as (check one) ❑ ***Scoutmaster*** ❑ ***1st ASM*** ❑ ***2nd ASM*** ❑ ***3rd ASM***
❑ ***Crew Advisor*** ***BSA Member No.*** _____

Are you a BSA employee: ❑ No ❑ Yes If yes, in what capacity? _____

First name _____ Middle _____ ***Last name*** _____ Suffix ❑ I ❑ II ❑ III ❑ Jr. ❑ Sr.

Gender: ❑ ***Male*** ❑ ***Female*** ***Date of Birth: (MM/DD/YYYY)*** _____/_____/_____

Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____ ***Country*** _____

Home Phone No. _____ **Mobile No.** _____ ***Email*** _____

If younger than 18: Parents' Mobile No. _____ Email _____

Shipping address, if different from above:

Address _____ City _____

State _____ Zip _____ Province/District _____ Country _____

Primary Emergency Contact:

Name _____ ***Relationship*** _____ ***Phone No.*** _____

Secondary Emergency Contact:

Name _____ ***Relationship*** _____ ***Phone No.*** _____

Height _____ **Feet** _____ **Inches** **Weight (Lbs.)** _____ **T-Shirt Size** ❑ **AS** ❑ **AM** ❑ **AL** ❑ **AXL** ❑ **AXXL**

Ethnic background: ❑ African American ❑ Caucasian/White ❑ American Indian ❑ Hispanic/Latino
❑ Alaska native ❑ Pacific Islander ❑ Asian ❑ Other

Religious Preference _____ **Religious dietary requirements (check one)** ❑ **None** ❑ **Kosher** ❑ **Halal**

Current position in Scouting _____ No. of years in Scouting _____

Youth Protection Training date (MM/DD/YYYY) _____/_____/_____

Scouting honors and awards _____

Community participation _____

Number of years attending jamboree _____

Have you ever served as an AL at jamboree: ❑ Yes ❑ No

If yes, most recent position: ❑ SM ❑ 1st ASM ❑ 2nd ASM ❑ 3rd ASM

If yes, when did you serve? _____

No. of times at a council summer camp? _____

No. of times at a high-adventure base? _____

Name as you would like it appear on credentials: _____

Mobility Issues (check one)

❑ **Cane**
❑ **Crutch(es)**
❑ **Scooter**
❑ **Walker**
❑ **Electric wheelchair**
❑ **Manual wheelchair**
❑ **Other**