

LANGUAGE SKILLS

What is your native language?

Please give details of other languages you can communicate in and to what level (1 = basic, 5 = excellent)

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ABOUT THE HOST CENTRE

To which site do you want your application sent to?

What are the dates that you are available?

Do you want your application sent to other sites (it is your responsibility to stay in touch with these sites). Which ones?

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AGREEMENT

I have read the current booklet for the European Scout Voluntary Programme (ECSP for the Boy Scouts of America). I have completed this application form in accordance with the instructions detailed in the booklet. I understand that if I am accepted, the Centre where I am placed can expect my loyalty and full cooperation at all times.

Applicant's signature Date

ENDORSEMENTS

COMMUNITY, SCHOOL OR RELIGIOUS INSTITUTION - From personal knowledge, I believe that this applicant will be a credit to Scouting and I am recommending him/her for the European Camp Staff Programme;

Signed Position Date

LOCAL SCOUT LEADER - From personal knowledge, I believe that this applicant will be a credit to Scouting and I am recommending him/her for the European Camp Staff Programme;

Signed Position Date

COUNCIL APPROVAL - We confirm that this applicant is currently a registered member of the Boy Scouts of America and I am recommending him/her for the European Camp Staff Programme;

Signed Position Date

NATIONAL SCOUT ASSOCIATION - Approved:

Signed Position Date

Boy Scouts of America, International Division



PARTICIPANT APPLICATION FORM FOR THE European Camp Staff Programme

When completing this form, it is essential to refer to the current booklet for the European Scout Voluntary Programme. Please use a TYPEWRITER or write in BLOCK CAPITALS and return the form as soon as possible (see the application deadlines for each site) to;

European Camp Staff Programme, International Division, Boy Scouts of America, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079 Tel: (972) 580-2405 Fax: (972) 580-2413 Email: EScoggin@netbsa.org

PERSONAL DETAILS

First Name Family Name

Street Address

City State ZIP

Telephone Birth Date

Email

Citizen of Passport Number

Religious Preference

Emergency Contact (name & address):

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..... Telephone

PERSONAL INFORMATION

Do you have any special dietary needs? Please specify:

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Are you in sound physical and mental health?

Do you have any medical conditions which could be relevant to a stay at a European Centre? Please specify:

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ATTACH PASSPORT PHOTOGRAPH HERE

