

HIGH ADVENTURE ADULT LEADER APPLICATION

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If you are interested in becoming a leader for a Council High Adventure trip such as Philmont Scout Ranch, Northern Tier/Sommers Canoe Base, or Florida Sea Base, please fill out both pages of this form and return it to the Mecklenburg County Council, 1410 E. 7th Street, Charlotte, NC 28204. All applicants will be interviewed. **Do not use this form to apply for National Scout Jamboree.** Applications for Jamboree positions are managed by a different process.

Contact Information

Name: _____ D.O.B. _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: (H) _____ (C) _____ (W) _____

Email: _____

BSA Registration & Awards

Years in Scouting as a youth: _____, as a registered adult: _____ Unit #: _____ District: _____

Current Registered Adult Position: _____

Previous Registered Adult Positions: _____

Awards received in Scouting: _____

High Adventure Experience and Interest

High Adventure Bases and Experience: (List year attended)

Philmont _____ Northern Tier _____ Sea Base _____ Jamboree _____

Other HA Bases/Experience: _____

Which High Adventure trip are you interested in becoming a leader for? _____

Would you be interested in being the contingent leader? _____

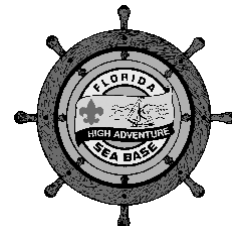
Why are you interested in being a leader for this High Adventure trip? _____

Training Information - see page 2

PLEASE NOTE: If you are selected to become a leader on a High Adventure trip you will be required to recruit participants for the trip.

Signature _____

Date _____



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Name: _____

Training Information

Youth Protection Training Scout Leader or Venturing Advisor Date Completed _____

Fast Start Scout Leader or Venturing Advisor Date Completed _____

New Leader Essentials Date Completed _____

Position Specific Training Position _____ Date Completed _____

Introduction to Outdoor Leadership Skills Date Completed _____

Wood Badge Course No. _____ Date Completed _____

Safe Swim Defense Date Completed _____

Safety Afloat Date Completed _____

Weather Hazards Date Completed _____

Adult CPR Certifying Agency _____ Date Completed _____

Standard First Aid Certifying Agency _____ Date Completed _____

Wilderness First Aid Certifying Agency _____ Date Completed _____

Other, list: _____

