

## CAMP AIDE APPLICATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Age \_\_\_\_\_ Troop # \_\_\_\_\_ E Mail \_\_\_\_\_

### Experience working with younger girls:

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Have you volunteered at Crescenta Valley Twilight Camp before?

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If so, how many years? \_\_\_\_\_

Date that you completed Council's Program Aide Core Training

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Troop Leader's Name \_\_\_\_\_

Phone \_\_\_\_\_

I hereby make the application to serve as a Camp Aide at Crescenta Valley Twilight Camp. I have read and accept the following basic standards of conduct if I am selected.

I accept the principle of Girls Scouting as embodied in the Promise and Law. I understand and will be guided by the applicable Girl Scout Health and Safety

Standards outlined in Safety Wise.

I will place the needs and interests of the girls above my personal desires.

I will demonstrate appreciation and enjoyment of creative outdoor living.

I will exercise integrity, good judgment and calmness.

I will work harmoniously with other staff members.

I will attend any necessary camp training sessions.

Applicants signature

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