

Ockanickon Scout Reservation

Summer Camp Adult Leader Roster

Free Weeklong Leaders: Each troop is entitled to one free weeklong leader for each ten Scouts in attendance (Minimum of two leaders). To qualify as a free leader, each leader must commit to the entire week at camp and one must attend the Leader Meeting in May.

Unit#

Week#

Fees for Whole Week Leaders: Leaders staying the week that are not part of your free leader quota will be charged at the current rate

Leader Name: _____				Position _____							
Street Address: _____				City: _____		State: _____		Zip: _____			
<i>Please mark appropriate boxes with an "x" Staff will initial for clearances.</i>										Phone#: _____	
1	<i>Leader Gender</i>		<i>For weeklong leaders</i>		<i>For leaders staying less than the whole week, mark days present</i>						
	Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Not PA Resident		PA Resident > 10 Years				PA Resident < 10 Years				
	Signed Affidavit		State Background	Chlld Abuse	Signed Affidavit		State Background	Child Abuse	FBI Fingerprint		

Leader Name: _____				Position _____							
Street Address: _____				City: _____		State: _____		Zip: _____			
<i>Please mark appropriate boxes with an "x" Staff will initial for clearances.</i>										Phone#: _____	
2	<i>Leader Gender</i>		<i>For weeklong leaders</i>		<i>For leaders staying less than the whole week, mark days present</i>						
	Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Not PA Resident		PA Resident > 10 Years				PA Resident < 10 Years				
	Signed Affidavit		State Background	Chlld Abuse	Signed Affidavit		State Background	Child Abuse	FBI Fingerprint		

Leader Name: _____				Position _____							
Street Address: _____				City: _____		State: _____		Zip: _____			
<i>Please mark appropriate boxes with an "x" Staff will initial for clearances.</i>										Phone#: _____	
3	<i>Leader Gender</i>		<i>For weeklong leaders</i>		<i>For leaders staying less than the whole week, mark days present</i>						
	Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Not PA Resident		PA Resident > 10 Years				PA Resident < 10 Years				
	Signed Affidavit		State Background	Chlld Abuse	Signed Affidavit		State Background	Child Abuse	FBI Fingerprint		

Leader Name: _____				Position _____							
Street Address: _____				City: _____		State: _____		Zip: _____			
<i>Please mark appropriate boxes with an "x" Staff will initial for clearances.</i>										Phone#: _____	
4	<i>Leader Gender</i>		<i>For weeklong leaders</i>		<i>For leaders staying less than the whole week, mark days present</i>						
	Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Not PA Resident		PA Resident > 10 Years				PA Resident < 10 Years				
	Signed Affidavit		State Background	Chlld Abuse	Signed Affidavit		State Background	Child Abuse	FBI Fingerprint		

Leader Name: _____ Position _____
 Street Address: _____ City: _____ State: _____ Zip: _____
Please mark appropriate boxes with an "x" Staff will initial for clearances. Phone#: _____

Leader Gender		For weeklong leaders		For leaders staying less than the whole week, mark days present						
Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Not PA Resident	PA Resident > 10 Years			PA Resident < 10 Years						
Signed Affidavit	State Background	Chlld Abuse	Signed Affidavit	State Background	Child Abuse	FBI Fingerprint				

Leader Name: _____ Position _____
 Street Address: _____ City: _____ State: _____ Zip: _____
Please mark appropriate boxes with an "x" Staff will initial for clearances. Phone#: _____

Leader Gender		For weeklong leaders		For leaders staying less than the whole week, mark days present						
Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Not PA Resident	PA Resident > 10 Years			PA Resident < 10 Years						
Signed Affidavit	State Background	Chlld Abuse	Signed Affidavit	State Background	Child Abuse	FBI Fingerprint				

Leader Name: _____ Position _____
 Street Address: _____ City: _____ State: _____ Zip: _____
Please mark appropriate boxes with an "x" Staff will initial for clearances. Phone#: _____

Leader Gender		For weeklong leaders		For leaders staying less than the whole week, mark days present						
Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Not PA Resident	PA Resident > 10 Years			PA Resident < 10 Years						
Signed Affidavit	State Background	Chlld Abuse	Signed Affidavit	State Background	Child Abuse	FBI Fingerprint				

Leader Name: _____ Position _____
 Street Address: _____ City: _____ State: _____ Zip: _____
Please mark appropriate boxes with an "x" Staff will initial for clearances. Phone#: _____

Leader Gender		For weeklong leaders		For leaders staying less than the whole week, mark days present						
Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Not PA Resident	PA Resident > 10 Years			PA Resident < 10 Years						
Signed Affidavit	State Background	Chlld Abuse	Signed Affidavit	State Background	Child Abuse	FBI Fingerprint				

Leader Name: _____ Position _____
 Street Address: _____ City: _____ State: _____ Zip: _____
Please mark appropriate boxes with an "x" Staff will initial for clearances. Phone#: _____

Leader Gender		For weeklong leaders		For leaders staying less than the whole week, mark days present						
Male	Female	Free	Paid	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Not PA Resident	PA Resident > 10 Years			PA Resident < 10 Years						
Signed Affidavit	State Background	Chlld Abuse	Signed Affidavit	State Background	Child Abuse	FBI Fingerprint				