

SHAC – (Name) Bayou District

SAM HOUSTON AREA COUNCIL BOY SCOUTS OF AMERICA

BOY SCOUTS OF AMERICA

KEY VOLUNTEER PARTICIPANT STAFF - LETTER OF AGREEMENT

TO:			
We are pleased you have agreed to accouncil, (Name) District's Twilight/District's Twi	Position From:	2017 "The Junt: 6/?/2017 indicate your	To: 6/?/2017
 You are currently a registered memb You live by the Scout Oath and Scout You have read and agree to abide by You will provide current medical exato practice medicine, before your first You agree to complete and provide d You will accept any assignment by the uniform at all times. You will refrain from the use of alcohologood only in permitted areas. 	at Law at all all policies amination (ast day as a Vocumentation he camp direction)	stated in the start your own exportant your own exportant on for any training ector and will be ages, drugs, and	off guidelines. ense) by a physician, licensed ipant. ing required for your position in the designated camp narcotics, and will use
Thank you for your willingness to help Camp.	p our cub	scouts have tr	ieir best time at Twilight
Participant's Signature:		Date:	
Address:		City, State	e, Zip:
Email:			
Cell Phone:			