



**BOY SCOUTS OF AMERICA
2006 OHIO STATE FAIR YOUTH STAFF
APPLICATION**

PLEASE PRINT OR TYPE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ E-MAIL _____

EMERGENCY CONTACT PERSON _____

EMERGENCY PHONE () _____

UNIT # _____ COUNCIL _____ DISTRICT _____

RANK _____ AGE _____ YEARS IN SCOUTING _____

(MUST BE 1ST CLASS OR ABOVE, AT LEAST 14 YEARS OF AGE)

HAVE YOU EVER WORKED AT THE SCOUT DISPLAY AT THE STATE FAIR? _____

IF SO, WHEN? _____

WHY DO YOU WANT TO ASSIST AT THE FAIR? WHAT CAN YOU OFFER THE
SCOUT PROGRAM BY WORKING AT THE DISPLAY? (USE OTHER PAPER IF NEEDED)

WHAT DATE(S) AND TIME(S) WILL YOU BE ABLE TO ASSIST AT THE DISPLAY?
PLEASE INDICATE 1ST, 2ND, AND 3RD CHOICES. WE WILL TRY TO HONOR YOUR 1ST CHOICE.

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

THE DATES OF THE 2006 FAIR ARE AUGUST 2- 13

PLEASE LIST MEDICATIONS BEING TAKEN AND ANY ALLERGIES _____

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PLEASE SEE PAGE 2 OF APPLICATION