

National Youth Leadership Training

Year \_\_\_\_\_ Course \_\_\_\_\_ Youth Staff Application (also complete Staff Agreement & Med form)

Complete and return these to the Scout Servicenter, 474 East Avenue, Rochester, NY 14607 or Course Director

Must be completed before participation in first staff activity.

NAME \_\_\_\_\_  
First Middle Initial Last

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE: Home ( ) Your Cell ( ) Father's Cell ( )

Mother's Cell ( ) DATE OF BIRTH \_\_\_\_\_

Your EMAIL Address: \_\_\_\_\_ Family EMAIL Address: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ TROOP NUMBER \_\_\_\_\_

SCOUTMASTER \_\_\_\_\_ SM PHONE: \_\_\_\_\_

SCHOOL/EMPLOYER \_\_\_\_\_

GRADE NEXT FALL/POSITION \_\_\_\_\_

T-SHIRT SIZE: S M L XL XXL XXXL

WOULD YOU LIKE TO PURCHASE EXTRA SHIRTS @ \$ \_\_\_\_\_ HOW MANY \_\_\_\_\_.

1. Fulfill one of the following:

a. I am a graduate of NYLT and hold at least First Class rank. Y N

Enter current rank: \_\_\_\_\_ Date of NYLT course attended: \_\_\_\_\_

b. I am not a graduate of NYLT, but hold Star rank. Y N

Enter current rank: \_\_\_\_\_

c. I have served on NYLT staff. Y N Location \_\_\_\_\_

2. I have held one or more of the following positions within my troop for a period totaling one year.

a. Senior Patrol Leader Number of months held: \_\_\_\_\_

b. Assistant Senior Patrol Leader Number of months held: \_\_\_\_\_

c. Patrol Leader Number of months held: \_\_\_\_\_

d. Troop Guide Number of months held: \_\_\_\_\_

3. I agree to make the following time commitments:

a. Staff Orientation Meeting, plus staff development sessions.

b. Three all-course staff development activities.

c. Assigned projects to be completed between staff developments.

d. The pre-course meeting with participants, parents, and Scoutmasters.

e. Pre-course, camp set-up, camp take-down and course dates at the NYLT course site.

4. I am applying for the position of: (Circle the position)

Senior Patrol Leader Ast. Senior Patrol Leader Instructor Troop Guide Don't Know

School/Church/Community/Activities (Honors, Clubs, Groups, Sports, Etc.)

Summer Camp Experience (Number of years attending, camps attended)

National Youth Leadership Training

Scout Skills

Which skills are your strongest? \_\_\_\_\_

Which skills are your weakest? \_\_\_\_\_

Leadership Skills (Communicating, Finding Vision, Developing Goals, Planning, Team Development, Leading EDGE, Teaching EDGE, Resolving Conflicts, Making Ethical Decisions, Valuing People, Solving Problems, Leading Yourself)

Which leadership skills are your strongest? \_\_\_\_\_

Which leadership skills are your weakest? \_\_\_\_\_

Other experiences working with people:

\_\_\_\_\_

Personal References: (Please DO NOT include relatives)

\_\_\_\_\_  
Name, Address, Phone Number of a TEACHER/PRINCIPAL

\_\_\_\_\_  
Name, Address, Telephone Number of someone in SCOUTING

\_\_\_\_\_  
Name, Address, Telephone Number of MINISTER, PRIEST, RABI, OTHER

Photo Talent Release:

I hereby assign and grant to the Seneca Waterways Council, Inc., Boy Scouts of America, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made during my participation in the National Youth Leadership Training course, and I hereby release the Seneca Waterways Council, Inc., Boy Scouts of America, from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Seneca Waterways Council, Inc., Boy Scouts of America,, and I specifically waive any right to any compensation I may have for any of the foregoing.

Pledge of Service

On my honor as a Scout, I promise I will live faithfully according to the Scout Oath and Scout Law during the Seneca Waterways Council National Youth Leadership Training. I will represent my Troop with honor and do all I can to set an example in knowledge, skills, proper uniforming, and attitude as a staff member of the NYLT course. I will wear the proper complete uniform for my registered program as required. I understand the time commitment involved and the high standards set for staff members. I am prepared to do my best.

Signature of staff applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give approval for my son/ward to participate as a youth staff member in the Seneca Waterways Council National Youth Leadership Training, Boy Scouts of America, including all activities (locations) on the NYLT calendar.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: W ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_

Troop Certification

This scout is in good standing in our troop.

Signature of Scoutmaster or ASM \_\_\_\_\_ Date: \_\_\_\_\_