

HIGH ADVENTURE

ADVISER APPLICATION

2003 Program: Philmont; ___ Maine; ___ Northern Tier ___ Adirondacks; ___

Name: _____ District: _____ Unit No: _____

Street: _____ H. Phone: (____) _____

City: _____ St: _____ Zip _____ B. Phone: (____) _____

E-MAIL (H) _____ (O) _____

Scouting Position: ___ Occupation: _____ Age: ___ Married: ___ Single: ___

Past Scouting Record & Training (Exclude Cubbing)

Scout? Yes/No Highest Rank; ___ Explorer? Yes/No

Scouter; NCAC ___ Years, Other Councils ___ Years, Where _____

Positions Held (years); SM ___, Ass't. SM ___, Comm. Chrm. _____

Comm. Member ___, Explorer Adviser ___, Associate Adviser ___, Other _____

District Positions Held; _____, ___ Years

Key Three award; ___, District Award of Merit; ___ Silver Beaver; 19 ___

Order of the Arrow; Ordeal, ___ Brotherhood, ___ Vigil Honor, ___

BSLT; ___ Scouters Key or Training Award; ___ Wood Badge; ___

Outdoor Experience with Scouts:

Short Term Campouts; Past Year # ___, Previous ___ Years # ___

Scout Summer Camp; ___, ___, ___, ___, ___, Lenhok'sin Trail; ___, ___

Outdoor Experience with Scouts 13 years and older, and Explorers:

Philmont; ___, ___, ___ Maine; ___, ___, ___ Other Hi. Ad.; _____

Other; _____

Recruited: No. of Scouts for 2003 Hi-Adventure trips. ___ Unit Nos.; ___, ___

Trip Preference (enter priority-1, 2, etc., or "No" when not available).

Philmont; 6/25 ___ (Air)

Other _____

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ADVISER APPLICATION (cont'd)

First Aid Training: American Red Cross? Yes/No Other, _____

Type of Certificate; _____ Expiration Date; _____

Physical Condition: Height, ___ ft. ___ in. Weight, _____ lbs.

Any physical or health restrictions or limitations?

Previously confirmed coronary infraction? Yes/No

High blood pressure (diastolic blood pressure over 100 mm. hg.)? Yes/No

Diabetes requiring insulin? Yes/No

Backpacking Experience (list by trail, total miles & days and month/year):

A Canoeing Ability (check one):

Q Less than Novice; _____

U Novice (knows basic strokes; canoes flatwater and class I whitewater _____

A Intermediate; (eddy-turns, leans, braces; class II and III whitewater _____

T Advanced (several years experience in class III and IV whitewater _____

I

C Canoeing experience (list by lake/section of river, indicate whether flatwater or whitewater, and month/year:

A
P
P
L
I

C Swimming Ability: Swim 100 yds. easily? Yes/No Float 1 minute? Yes/No

A Qualifications: Swim Safe Defense? Yes/No Safety Afloat? Yes/No

T Lifeguard BSA? Yes/No YMCA Senior Lifesaver? Yes/No

S Red Cross Advanced Lifesaver? Yes/No CPR? Yes/No

O
N
L
Y Current Driver's License? Yes/No Can drive a 15 passenger van? Yes/No

References:
Name; _____ Scouting Position; _____ H. Phone; (____) _____
Name; _____ Scouting Position; _____ H. Phone; (____) _____

I am informed of the requirement for first time adviser interviews; and of the two (2) training sessions; and will attend.

Signature: _____, Date: _____

MAIL APPLICATION TO: Bill Detroy, 909 Allison St., Alexandria, VA 22302
Phone (703) 683 0944, E-Mail jdetroy@erols.com