

Council Service Center
Date Received _____
Regional Service Center
Date Received _____

Region	Area No.	Council No.	Prog. Code	Local Council Unit No.

National Office Use

NSJ Troop No. _____

Council Headquarters City and State _____

2001 NATIONAL SCOUT JAMBOREE, BOY SCOUTS OF AMERICA, STAFF APPLICATION

An Offer of Service

Please print one letter in each space—press hard, you are making four copies.

Driver's License and State

Name—First Name and Initial

Last Name

Social Security Number

Address—Street or R.F.D.

Height _____ Weight _____

Date of Birth

Mo. Day Year

Sex

M F

Additional Address Line (If Needed)

Area Code and Telephone No. (Evening)

Area Code and Telephone No. (Daytime)

City

State

ZIP Code

Area Code and Fax No.

Jamboree staff positions are open to adult men and women who meet required qualifications. Adult staff members must have been born before July 23, 1980. Youth staff members must have been born between August 1, 1980 and July 23, 1985, and be registered members of the Boy Scouts of America.

I hereby apply for a leadership position for the 2001 National Scout Jamboree, and prefer consideration for the following positions:

☐ SUBCAMPS ☐ REGIONAL ACTION CENTER ☐ JAMBOREE CENTRAL STAFF
Check if applying for youth staff: ☐

FOR NATIONAL OFFICE USE

SCOUTING POSITIONS HELD _____

PREVIOUS JAMBOREE POSITIONS _____

SPECIAL QUALIFICATIONS

Currently registered in Scouting as _____

What special skill do you have that would help to place you in a staff assignment? _____

In order of preference, list the five positions you would like to be considered for (see list on back of application form). CPR Certified? ☐ Yes ☐ No

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Name and address of present employer _____

Permission to ask employer for reference? ☐ Yes ☐ No Occupation _____

If accepted, I agree to pay the jamboree fee and to provide transportation to and from the jamboree. I have had a recent medical exam by a licensed health-care practitioner and know of no reason why my health would limit full jamboree participation. If accepted, I will provide a completed Personal Health and Medical Record Form. I realize the medical report must not be dated earlier than one year prior to the start of the jamboree. I have read, understand, and agree to the conditions listed on the Jamboree Staff Understanding as shown on the reverse side of this application.

Personal signature

Date

Parent(s) or guardian(s) signature(s), if applicant is under 18

FOR COUNCIL APPRAISAL:

	Scouting record	Positive attitude	Community participation (including religious life)	Personal appearance (including uniform and insignia)	Speaking ability	Scouting ideals (exemplifies Scout Oath and Law) to others	How adult Scouter relates to others	Adult leadership record	Camping and outdoor experiences
Excellent									
Good									
Fair									
Poor									

COUNCIL APPROVAL Date _____

REGIONAL APPROVAL Date _____

NATIONAL APPROVAL Date _____

Scout executive

Signature

Signature

No. NSJ-104-01

Distribution of copies: Send original and three copies to your local council service center. Keep goldenrod copy.

JAMBOREE STAFF UNDERSTANDING

I apply for a staff assignment at the 2001 National Scout Jamboree and will meet my responsibilities throughout the entire jamboree. I will conduct myself in accordance with the regulations of the BSA, participate in such preliminary jamboree training as may be required, carry out assignments given to me, and wear the official jamboree uniform. I realize that any departure from jamboree rules will constitute grounds for my dismissal from the staff.

In consideration of the benefits to be derived from my participation in the 2001 National Scout Jamboree, any and all claims against the Boy Scouts of America or its local councils, the United States of America, or any of the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to or incurred or suffered by the applicant named or to his or her property, in connection with or incidental to the 2001 National Scout

Jamboree, including preliminary training and travel, are hereby expressly waived by the applicant.

This application includes my request for personal accident insurance to be purchased in my behalf. The cost of this insurance is included in the jamboree fee. It is understood that payment of claims by the insurance company or companies is contingent upon prompt reporting of claims, if any, by the participant.

I understand that the jamboree will be covered by news media and moviemaking and broadcasting companies, and I hereby consent to the use of my voice and/or likeness in the news coverage, moviemaking, or similar projects approved by the Boy Scouts of America.

I further agree to complete the 60-minute Youth Protection Training, submit evidence of fitness to make this trip on the official health form signed by a licensed health-care practitioner, and also that I will obtain immunizations required.

PAYMENT OF FEES

For all jamboree positions other than jamboree unit leaders, the 2001 National Scout Jamboree fee (see schedule at right) will be requested at the time the letter of appointment is sent to the applicant. Jamboree staff members will pay their own transportation to and from the jamboree, and will agree to participate in appropriate pre-jamboree training.

Applicants who have been selected for jamboree assignments will return fees as follows:

ADULTS	YOUTH	DUE BY
\$100	\$ 50	February 1, 2000 (Nonrefundable)
195	100	August 1, 2000
Balance due	Balance due	February 1, 2001

Make funds payable to BSA.

MEDICAL REQUIREMENTS

Weather at the jamboree is very hot and the activities very strenuous. Therefore, it is **very important** you drink plenty of water at the jamboree.

Physical Examination. All participants must submit certification of physical fitness on the official Personal Health and Medical Record Form, No. NSJ-34412-01. Maintenance of good health in a jamboree camp is of utmost importance, and it is with this objective in mind that the following must be enforced: (1) Participants will be expected to get a complete examination by a licensed health-care practitioner. (2) It is recommended that the examination take place not less than 15 days nor more than six months before the departure to the jamboree. (3) Participants will go through a medical screening upon arrival. In the event a staff member is found medically unfit at this time, he or she cannot serve and must return home at his or her own expense.

Immunizations. Immunization requirements are based on recommendations of the U.S. Public Health Service. All participants must provide proof of immunization for tetanus within 10 years (since 1991). In addition, youth participants must provide verification of the following immunizations since birth: (1) measles, mumps, and rubella (MMR); (2) trivalent oral polio vaccine (TOPV) (four doses recommended); and (3) diphtheria, pertussis, and tetanus (DPT).

Exceptions to Immunization on Medical Grounds. If there is a medical reason why you should not comply with vaccination requirements, obtain a statement to that effect from a physician. That statement must include specific reasons so it can be given full consideration by the jamboree medical staff.

Medical Alert. A national jamboree can be an exhausting experience. Many activities are physically strenuous and may result in special medical support consideration. Therefore, it is necessary that the medical staff be aware of participants who have physical conditions that may require special consideration. Conditions requiring a medical alert are:

1. Cardiac history
2. Diastolic blood pressure of 100 mmHg
3. Diabetes mellitus under treatment (with insulin or oral medication)
4. Marked obesity
5. Acute or severe bronchial asthma under treatment anytime during the past 24 months
6. Sick-cell anemia, hemophilia, leukemia, or severe blood dyscrasia
7. HIV infection
8. Epileptic seizures having occurred within the past 12 months
9. Psychiatric illness under current treatment
10. Physical disability

In order to plan for, prepare for, and support the participants having these medical conditions, an individual evaluation of each situation by the national medical team is required. There may be instances where proper medical support at the jamboree site is impossible. **Under such circumstances, participation may be denied.**

Any person with a severe physical disability, one of the conditions listed above, or with a reason to believe he or she may be medically unfit for jamboree participation **must** submit a request for a medical alert. Photocopy both sides of the Personal Health and Medical Record Form, No. NSJ-34412-01, signed by a licensed health-care practitioner and send the copy to: Jamboree Medical Officer, S212, Boy Scouts of America, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079. The request must be submitted by May 1, 2001.

STAFF POSITIONS AND NUMBER OF POSITIONS AVAILABLE FOR EACH

Jamboree Central Staff

RELATIONSHIPS/MARKETING GROUP

1. International (5)
 - a) Exhibits (18)
 - b) Hosting (32)
 - c) Operations (14)
2. Media/Communications (9)
 - a) A/V Production (7)
 - b) Hometown News (25)
 - c) Internal Communications Support (9)
 - d) Jamboree Radio (15)
 - e) Jamboree Today (24)
 - f) Leaders Journal (6)
 - g) National News/Media (24)
 - h) Photography (14)
 - i) Webmaster (5)
3. Relationships
 - a) Chaplain (43)
 - b) Exhibits (55)
 - c) Special Guests (26)
 - d) Visitor Information (54)

PROGRAM GROUP

1. Arena Shows (160)
2. Daily Ceremonies (86)

Action Center

- Administration Staff (15)
- Exhibits and Displays (32)
 - a) Arts and Sciences (15)
 - b) Boy Scouting (10)
 - c) Boys' Life (64)
 - d) Brownsea Island (60)
 - e) Cub Scouting (10)
 - f) Daily Activities (2)
 - g) Daily Stage Shows (10)
 - h) Disabilities Awareness (30)
 - i) K2BSA (42)
 - j) Merit Badge Midway (55)
 - k) National Exhibits (123)
 - l) Sea Scouting (40)
- Remote Centers (8)
 - a) Boating (110)
 - b) Conservation (60)
 - c) Fishing (77)
 - d) Scuba/Snorkeling (185)
- Camp Activities (4)
 - a) 5-K Run (1)
 - b) Scheduling (4)
 - c) Subcamp Olympics (4)
 - d) Volleyball (4)

7. Youth Programs (100)
 - a) Outdoor Adventure Place (TOAP)

SUPPORT GROUP

1. Banking (39)
2. Driver Education (4)
3. Duty Officer (8)
4. Fire Department (29)
5. Health and Safety (132)
6. Insurance (3)
7. Office Services (4)
8. Postal Service (22)
9. Security (200)
10. Trading Posts (630)
11. Transportation (60)

PHYSICAL ARRANGEMENTS GROUP

1. Communications (7)
2. Electrical (8)
3. Environmental (59)
4. Maintenance Control (24)
5. Mechanical (48)

Structural (38)

Warehouse (15)

FOOD SERVICE GROUP

1. Subcamp Food Service
 - a) Receiving (10)
 - b) Warehouse (8)
 - c) Distribution (10)
 2. Staff Food Service
 - a) Receiving (8)
 - b) Preparation and Distribution (10)
 - c) Dining Halls (250)
 3. Special Food Service (100)
- ### PERSONNEL GROUP
1. Registration (11)
 2. Professional Recruiting (4)
 3. Youth Services (500)
 4. Housing and Resources (58)
 - a) Archery Camp (2)
 - b) Lost and Found (8)

REGIONAL SUBCAMP AND ACTION CENTER STAFF

1. Subcamp Staff (1,520 total/80 per subcamp)
 - a) Chaplains
 - b) Commissary
 - c) Commissioners
 - d) Dining
 - e) Environmental
 - f) Medical
 - g) Mobilization
 - h) Program
 - i) Youth Staff
2. Regional Action Centers (1,100 total/275 per action center)
 - a) Action Alley
 - b) Air Rifles
 - c) Archery
 - d) Bikathlon
 - e) Buckskin Games
 - f) Confidence Course
 - g) Motocross
 - h) Patrol Challenge
 - i) Pioneering
 - j) Rappelling
 - k) Trapshooting