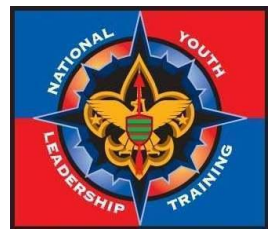


NYLT STAFF Application



Scout / Venturer should fill out the top part of the form. Once this is done, please have your parents and unit leader complete their portion. Please then return to nyltnega@gmail.com.

SCOUT / VENTURER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
 Preferred Call-by Name: _____ Gender: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Youth Telephone: _____ Youth E-mail address: _____
 Unit: Troop # _____ or Crew # _____ District: _____ Council: _____
 Current Leadership Position: _____ Current Rank: _____
 Past Leadership Roles & Scouting Awards: _____
 Attended NYLT as Participant (Year) _____ As Staff (Year[s]) _____
 Adult T-shirt size: _____ XXL _____ XL _____ L _____ M _____ S
 Any Physical, Medical or Dietary Limitations or Restrictions? No _____ Yes _____ If YES, please describe or attach details: _____

Staff commitment includes one Course week and ALL associated Staff Development weekends

Please indicate your NYLT Week preference (1 for first choice, 2 for second choice)

_____ Course #1: May 24 to May 31, 2025 at Scoutland (includes setup dates)
 _____ Course #2: June 1 to June 7, 2025 at Scoutland (includes setup dates)

Mandatory staff development dates:

- ☐ January 24-26, 2025 at Scoutland
- ☐ February 28-March 2, 2025 at Scoutland
- ☐ March 28-30, 2025 at Scoutland
- ☐ May 2-4, 2025 at Scoutland

Why are you interested in serving on NYLT staff?

What hobbies, interests or relevant skills do you have?

What staff positions(s) would you like to be considered for and why?

Rate yourself on the following characteristics: [Good or Fair]

_____ Uniform neatness/correctness/completeness
_____ Work Ethic
_____ Leadership skills
_____ Personal Hygiene
_____ Scout Spirit / Enthusiasm
_____ Attitude
_____ Punctuality / Timeliness
_____ Self Motivation
_____ Trustworthiness
_____ Ethical decision making skills

"I ask to be selected as a Staff member for the Northeast Georgia Council NLYT program. If selected, I will do all that I can to be a great Staff member and to pass on my knowledge and skills to my fellow Scouts. I understand that I must attend all trainings as well as the entire course. On my honor as a Scout, I promise that I will represent my Troop/Crew with honor and will faithfully live according to the Scout Oath and Scout Law while involved in National Youth Leadership Training and thereafter."

Applicant Signature: _____ Date: _____

PARENTAL/GUARDIAN AUTHORIZATION

My son/daughter _____ has my permission to participate as a staff member in the NEGA National Youth Leadership Training course. I understand that he/she will be expected to participate in the training weekends, to attend the entire program, to set an excellent example and follow the Scout Oath and Law during this program; serious violations will result in dismissal from the program. I understand that he/she must provide a current and complete BSA Annual Health and Medical Record, including Parts A, B, and C. (Available online.)

Parent's Printed Name: _____
Parent's Email Address: _____
Daytime Telephone #: _____ Night time Telephone #: _____
Comments: _____

Signature: _____ Date: _____

CERTIFICATION & APPROVAL TO BE SIGNED BY YOUR SCOUTMASTER/CREW ADVISOR

Leader Name: _____ E-mail: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Daytime Telephone #: _____ Night time Telephone #: _____
Troop/Crew #: _____ District: _____ Council: _____

Comments: _____

_____ Please contact me to discuss this Scout in more detail.

"Based on this Scout's leadership, attitude, skills and commitment, I recommend him/her as a potential NYLT staff member and a representative of our Troop/Crew."

Signature of Scoutmaster/Crew Advisor

Date