## **NYLT Staff Application**

This application is to serve on Staff for this year's NYLT Course to be held at Falley Scout Reservation. Attendance to ALL Staff Development Sessions is required to be eligible to participate as a Staff member for the course. Staff will also be required to report to camp the Friday before the course to prepare and will depart the Saturday after the course.

Note: Check www.jayhawkcouncil.org/training/nylt for the Staff Development dates and course dates.

Name:		_My friends call me:	
Address:		_Phone Number:	
City, State, Zip:		Date of Birth:	
Email you will regularly check	:		
Highest Rank Earned and Date	e:		
Troop or Crew #:	District:	Council:_	
National Youth Leadershi knowledge, skills, and att	I promise that I will live faithfully ip Training. I will represent Scout itude as a staff member of NYLT. I and the time commitment involved	ing with honor and do all have reviewed the requiren	I can to set an example in nents and training schedule
Signed		_Date	
In the event my Scout is selec held at Falley Scout Reservati Name (Print)	uts under the age of 18 at the fitted, I approve the attendance of non. This will include Staff Develop	ny Youth, named above, as ment Sessions to be held p _Contact Email	rior to the Course.
Signed		_Contact Phone Number _	
Person to contact in case of e	mergency, if parent or guardian ca	annot be reached:	
Name	Relatio	onship	
Address		Phone Number	
City, State, Zip			
Unit Leader's Approval			
Name (print):	Signed:		Unit #:
Email:		_ Phone Number:	
Address:		City/State/7in:	

Name	(Adult) T-Shirt Size	: OS	Ом	ΟL	□ XXI
School and grade	Age				
NYLT experience:					 
List current and other leadership positions h					
or your community:					 
Scouting Awards Received:					 
State a fair evaluation of your physical cond	dition:				
How much Unit camping experience have y					
What training courses have you taken in Sco	outing? When?				
vinat training courses have you taken in sec					
State who you would like to participate as a	s staff mambar of the National Vouth Load				
State why you would like to participate as a	i Stail member of the National Youth Lead	ersnip	rraining	,•	

Name		
Please List any Food Restrictions	such as allergies or specific diets (like vegetarian):	

Please check the dates below with your personal, school, and family calendars to ensure that you can attend all dates.

DATE:	TIME:	EVENT:	Are you ald to attend?	
Staff Developments:			Are you able to attend?	
December 7, 2024	9:00 AM - 5:30 PM	Staff Orientation Day	☐ Yes ☐ No ☐ Partially	
January 31 – February 1	6:00 PM - 5:30 PM	Staff Development #1	☐ Yes ☐ No ☐ Partially	
March 7 - 8	6:00 PM - 5:30 PM	Staff Development #2	☐ Yes ☐ No ☐ Partially	
April 4 - 5	6:00 PM - 5:30 PM	Staff Development #3	☐ Yes ☐ No ☐ Partially	
April 25 - 26	6:00 PM - 5:30 PM	Staff Development #4	☐ Yes ☐ No ☐ Partially	
NYLT Course:				
May 23	5:00 PM - *	Report for Camp Setup		
May 25 - 30		NYLT Course		
May 31	Till roughly noon	NYLT Camp Teardown		