## **Council / District Trained Personnel Check Off Form**

## This form must be completed by every Council/District Event Director

Council:	District:	
Event:	Council Event Staf	f Advisor
Event Start Date: Tin	ne: AM/PM End Date	e: Time: AM/PN
Event Director: Name:	Council/Dist	rict Position:
Phone Numbers: Cell:	Home/Work:	
Email address		
Anticipated Number of People attending:	Adults: Scouts: _	Siblings:
	Trained Personnel Required	
Medic/Health Officer:	License Held:	
	Certificate Date:	Expiration Date:
Kitchen/Cook:	Certificate Date:	Expiration Date:
Kitchen/Cook:	Certificate Date:	Expiration Date:
Kitchen/Cook:	Certificate Date:	Expiration Date:
Shooting Sports Director:	Certificate Date:	Expiration Date:
For Rifle and Shotgun Shooting Only at Co	ouncil Events)	
BB Range Master:	Certificate Date:	Expiration Date:
Archery Range Master:	Certificate Date:	Expiration Date:
Range Safety Officers:	Certificate Date:	Expiration Date:
Climbing Director:	Certificate Date:	Expiration Date:
C.O.P.E. Director:	Certificate Date:	Expiration Date:
Aquatics Director:	Certificate Date:	Expiration Date:
Lifeguard:	Certificate Date:	Expiration Date:
Event Director Signature	Date	Council Staff Advisor Approval
THE BOTTOM OF THIS FORM WILL BE C		AMDINISTRATOR ONCE THEY HAVE SEE ALL
Remarks:		