



# PCU OLE' YELLER

## (MEC-1023)

### Welcome to PCU<sup>1</sup> OLE YELLER!

We're happy to see you are interested in our Maritime Explorer Club! We have ourselves a mystery that we need your help solving.

Long ago, legend says that a large creature used to lurk in the waters of the body of water we now know as Yellow Creek. While it hasn't been spotted in some years, the locals say *Ole' Yeller* used to play tricks on Sasquatch (which investigations of his whereabouts are also underway at the local Boy Scout camp) when he'd take his monthly baths. A "totally real, not made up" photo taken by a local photographer last year has been included in this letter.



The problem is, our club members need to have some skills so we can carry out our search for *Ole' Yeller* – are you up for learning the skills you need to get out on the water and search for this beast? If so, we're looking forward to getting to know you and seeing how you can help our club succeed in our mission!

Sincerely,  
Your Club Leaders

### *FAQs*

#### What is a Maritime Explorer Club?

Maritime Explorer Clubs ("MECs") are a special-interest Exploring program that offer boys and girls water-based adventure and career exploration. Adventures include an emphasis in, on, or under water such as sailing, paddlesports, scuba or other types of boating. Career discovery includes maritime-related fields such as oceanography or STEM. Youth learn from experienced practitioners and professionals, as well as thru hands-on maritime experiences. This is lifelong learning, one exploration at a time. Character-building

experiences plus life skills and career exploration meet fun and adventure in an exciting, informal format.

#### Is the Club co-ed? What is the age range?

Provided that a sufficient number of male and female adult leaders come forward, we would like to offer the program as a co-ed one.

Boys and girls who graduated 5<sup>th</sup> grade thru those who have not completed the 8<sup>th</sup> grade are eligible to join a Maritime Explorer Club. The age range for participation within these grade levels is 10-14.

<sup>1</sup> What's a PCU? In the Navy, as Pre-Commissioning Unit is used to describe a ship (and the crew that belong to it) during construction. Hopefully we'll be *MEC Ole' Yeller* very soon with your help!



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When do we start and what is the schedule?

In general, our meetings will be closely tied with the Sea Scout Ship (heck, we need their boats to find *Ole' Yeller*, right?). Beginning in June, we begin holding weekly meetings (generally at the sailing base), which meetings will continue until the end of August. In September, we hold a single monthly meeting throughout the 'off season'. This will hopefully avoid most of the potential conflicts with other scouting units.

Do I actually get to skipper a boat?

Yes! One of our goals is to help all our Scouts become competent sailors, so you'll certainly be spending plenty of time at the tiller. You'll learn how to rig and launch, sail upwind, conduct an overboard rescue and much more. Sailors will have the opportunity to earn US Sailing small boat certification and a Pennsylvania Boating License.

What will our Club do?

Weren't you paying attention? Learning the skills we need to find *Ole' Yeller*. These can include things like:

- Swimming
- Seamanship
- Navigation/Charts
- Environmental Sciences
- Paddlecraft/Sailing
- Marine Engineering
- History & Investigation

We also have the potential to take trips with the proper planning and preparation to see how others have searched for seldom-seen creatures.

What are the costs of the program?

For Scouts already registered in another BSA program, no additional registration fees are required.

For other youth members, \$50 is required to cover fees required by the National BSA organization as well as our local council. Financial assistance is available to help defray some or all of these costs.

Please note that this does not include the costs of awards, activities, uniforms, etc.

What about a uniform?

We'll have a 'club uniform' (consisting of a hat and t-shirt with our logo on it) for all Club activities (how else can we tell who we can trust with what we learn about *Ole' Yeller*?).

As a parent, how can I interact with the program?

We'd love to have you come aboard!

We have a Committee, which assists in planning social events, fundraisers, and other critical aspects of our program.

We also have the Sponsors, who directly interact with our Explorers and are the front line in making sure our program has wind in its sails.

Finally, we have Consultants, who are those that have some related background and are willing to help guide our Explorers.

For Your Records  
Important Club documents  
and other information



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## (MEC-1023)

### YOUR CLUB AT A GLANCE

Scouting Council	Laurel Highlands (lhscouting.org)
Scouting Districts	Chestnut Ridge & Keystone Districts
Chartered Organization	Friends of Yellow Creek
Club No.	1023
Website	<a href="https://yellowcreekseascouts.org/">https://yellowcreekseascouts.org/</a>
Remind/GroupMe	<a href="https://www.remind.com/join/mec1023">https://www.remind.com/join/mec1023</a>
Email	<a href="mailto:yellowcreekseascouts@gmail.com">yellowcreekseascouts@gmail.com</a>
Meeting Day & Time	Wednesdays at 1600 (4:00 PM) for sailing, 1800 (6:00 PM) for Club meeting -See Schedule for Details-
Meeting Location	-See Below -
Sponsor	Buck Christ 814.487.1478   <a href="mailto:pack51scout@gmail.com">pack51scout@gmail.com</a>
Assistant Sponsor	
Administration	Nathanael Arthurs 724.840.0334   <a href="mailto:arrow4589j@icloud.com">arrow4589j@icloud.com</a>
Program	Ken Sherwood 724.762.5571   <a href="mailto:kwsherwood@gmail.com">kwsherwood@gmail.com</a>

### MEETING LOCATIONS

#### FOYC Sailing Base

College Lodge Rd, Penn Run, PA 15765



#### Enviro. Learning Center ("ELC")

2-216 Pond Ln, Penn Run, PA 15765

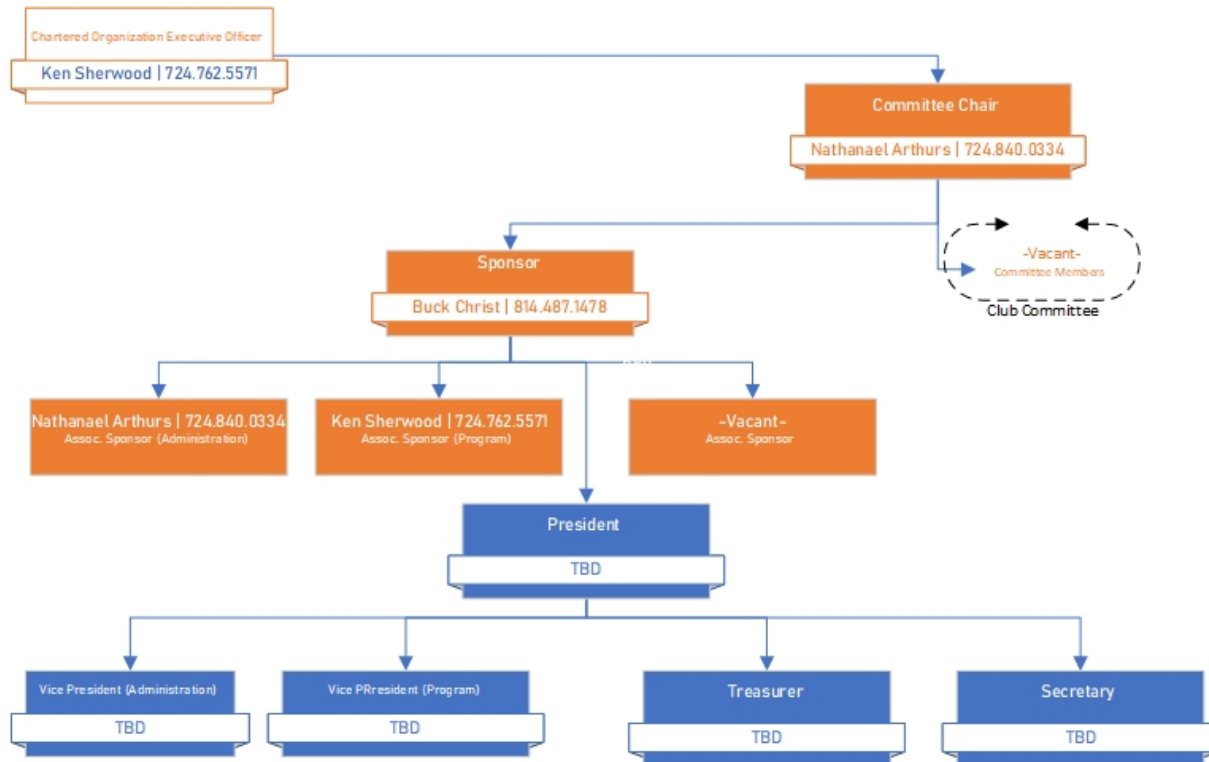




# PCU OLE' YELLER (MEC-1023)

## ORGANIZATIONAL STRUCTURE

Orange positions denote adult roles. Blue positions denote youth roles.



## Forms

Paperwork to be completed and  
turned in to Club

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

## OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

## OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

**PROGRAM UPDATE:** This youth application is to be used only for youth 17 years old and younger. Beginning **\*January 6, 2020**, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

## CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

## POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

**NOTE: \*This updated start date for this policy is August 1, 2020.**

# Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

## Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

## Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

## Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

**Youth Protection Begins With You™.** Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

**Health Information.** You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and give it to the unit leader.

**The annual national registration fee is nonrefundable.**

**For general questions, contact your local council.**

## Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

## Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at [www.exploring.org/training-safety](http://www.exploring.org/training-safety).
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

## Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

**Ethnic background information.** Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

## Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.



**YOUTH INFORMATION****EXPLORING YOUTH APPLICATION**

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

 Transfer application

Transfer from council no.:

 Exploring Post Exploring Club

Number:

*Name and address information*

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)\*

Grade

Ethnic background:

 Black/African American  Native American  Alaska Native  Asian Caucasian/White  Hispanic/Latino  Pacific Islander  Other

School

Gender:  Male  Female

Email address (for youth 13 years of age or older)

*Parent/guardian information*

Select relationship:

 Parent Legal guardian

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address (If same as above, click here.) 

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

 M F

Alternate phone

Ext.

Previous Exploring experience

Parent/guardian email address

 Exploring Post Exploring Club

Number:

Signature of post advisor or club sponsor

Date

I have read the Information for Parents on page 2 and approve this application.

Signature of parent/guardian

Signature of Explorer

Participation fee \$  ·  Paid:  Cash  Check No.   Credit card

\*Applicants 18 through 20 years old must complete an adult application.

524-009

Retain on file for three years.



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# Application for Registration Assistance

To be completed for each individual youth

District \_\_\_\_\_ Unit Type \_\_\_\_\_ Number \_\_\_\_\_

Scout's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## **Program Information**

The Laurel Highlands Council is committed to making Scouting available to all children. In support of that commitment, the council will pay the portion of the national BSA registration fee that youth cannot afford. The dollar amount requested is the difference between the national BSA fees and what the youth and or chartered organization can afford.

## **Assistance Availability**

To help ensure there are always enough funds to help low-income youth enjoy the benefits of Scouting, we encourage the unit to participate in the annual popcorn sale and Friends of Scouting campaign. Note – we cannot guarantee that every youth that applies for this program will receive assistance. A limited amount of funds is available each year.

## **Information provided by Parent**

Is the Scout eligible for the free or reduced lunch program at his/her school?  Yes  No

Total family members in your household \_\_\_\_\_

Household Income (select one)

- Less than \$10,000 per year
- \$10,000 to \$29,999 per year
- \$30,000 to \$49,999 per year
- \$50,000 to \$69,999 per year
- \$70,000 or more per year

Is your Scout a new Scout?  Yes  No (If yes, a one-time \$25.00 joining fee applies to fees below)

What portion of the \$123.00 total registration fee (pro-rated monthly) can you afford? \_\_\_\_\_

I understand that the unit may charge additional dues to help pay for program expenses. Arrangements have been made for the unit to cover these additional dues or we have agreed on an installment plan that meets our ability to pay.

Please confirm  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent)



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## Application for Registration Assistance To be completed for each individual youth

### Information provided by Scout Leader

- This Scout is an active member of our unit.
- Our unit participates in the annual popcorn sale.
- This Scout participates in the popcorn sale or other unit fund raising projects.
- Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent that meets his/her ability to pay unit dues.
- The charter organization can provide \$ \_\_\_\_\_ to help this Scout pay his registration fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Scout leader)

### Application Processing

This application form must be submitted, along with the BSA application form or with the charter renewal paperwork, to one of the council service centers and will be reviewed by the district executive. If the family can afford partial payment, please submit that payment with this form in addition to the application or charter renewal paperwork.

Note – we cannot guarantee that every Scout that applies for this program will receive assistance. A limited amount of funds is available each year.

### Council Service Centers

Applications can be submitted to your **District Executive** via email or to the **Laurel Highlands Council** headquarters below:

**Laurel Highlands Council, Boy Scouts of America**  
**Attn: Membership Committee**  
**1275 Bedford Ave.**  
**Pittsburgh, PA 15219**

When completed, this form should be filed with the unit membership applications.

#### FOR OFFICE USE ONLY:

Amount of assistance requested \_\_\_\_\_ Amount of assistance granted \_\_\_\_\_

Notification sent \_\_\_\_\_ Date \_\_\_\_\_

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_





# PCU OLE' YELLER

## (MEC-1023)

### YOUTH EXPERIENCE SURVEY

1. Why did you join the Maritime Explorer Club?
2. Do you think Ole' Yeller is real or not? Why?
3. What skills do you think we need to learn more about in order to get out on the lake and search or Ole' Yeller?
4. Describe your background in Scouting, if any.
5. Describe your boating background, if any.
- 5A. If so, do you have any sailing-related boating experience
6. Is anyone in your immediate family a current or former member of one or more of the following groups? **Circle all that apply**

US Coast Guard Auxiliary	US Power Squadron	US Sailing	US Navy	US Coast Guard
Merchant Mariner	Recreational Boater	Marina/Boat Repair	US Coast Guard Auxiliary	

7. Describe your swimming ability.
8. List any leadership positions you have held with other organizations.