

CAMP OLMSTED TROOP CAMP ROSTER

UNIT #: _____ COUNCIL: _____

CAMPSITE: _____

WEEK # **1** 2010
(PLEASE CIRCLE THE WEEK NUMBER)

CHIEF CORNPLANTER COUNCIL

BOY SCOUTS OF AMERICA

SCOUT MASTER:		AGE:		FEE:	
ASST. SCOUT MASTER:		AGE:		FEE:	
OTHER LEADERS:		AGE:		FEE:	
		AGE:		FEE:	
		AGE:		FEE:	
		AGE:		FEE:	

Patrol Name:		Patrol Name:	
Patrol Leader:		Patrol Leader:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	
Member:		Member:	

CHIEF CORNPLANTER COUNCIL

BOY SCOUTS OF AMERICA

CAMP OLMSTED UNIT ANALYSIS FORM

DIRECTIONS: Please fill out and turn in when your unit checks out.

UNIT #: _____ COUNCIL: _____

CAMPSITE: _____ WEEK # 1 2010

UNIT LEADER: _____ PHONE # _____

SENIOR PATROL LEADER: _____ # OF PATROLS: _____

_____ NUMBER OF REGISTERED SCOUTS IN YOUR UNIT

_____ NUMBER OF REGISTERED SCOUTS ATTENDING CAMP

_____ NUMBER OF ADULTS IN CAMP

_____ NUMBER OF FIRST CLASS OR ABOVE SCOUTS IN UNIT

_____ NUMBER OF FIRST CLASS OR ABOVE SCOUTS IN CAMP

_____ NUMBER OF FIRST YEAR SCOUTS IN UNIT

_____ NUMBER OF FIRST YEAR SCOUTS IN CAMP

_____ NUMBER OF MERIT BADGES EARNED AT CAMP

_____ NUMBER OF RANK ADVANCEMENTS MADE AT CAMP

_____ NUMBER OF SCOUTS PARTICIPATING IN A HIGH ADVENTURE PROGRAM

(SCOUTMASTERS SIGNATURE)

(DATE)

CAMP OLMSTED

CAMP EVALUATION FORM

DIRECTIONS: To be completed by the Scout Master and Senior Patrol Leader. Circle the number that best suits your Units experience at Camp Olmsted. 1 = Poor, 3 = Satisfactory, 5 = Outstanding

FACILITIES:

Camp Site (in general)	1	2	3	4	5
Tents	1	2	3	4	5
Platforms	1	2	3	4	5
Shower Facilities	1	2	3	4	5
Waterfront	1	2	3	4	5
Rifle Range	1	2	3	4	5
Archery Range	1	2	3	4	5
Handi-Craft Area	1	2	3	4	5
Scout Craft Area	1	2	3	4	5
Nature Area	1	2	3	4	5
Health Office	1	2	3	4	5
Dinning Hall	1	2	3	4	5

PROGRAM

Merit Badge Program	1	2	3	4	5
Opening Campfire	1	2	3	4	5
Closing Campfire	1	2	3	4	5
Aquatics	1	2	3	4	5
Handi-Craft	1	2	3	4	5
Shooting Sports	1	2	3	4	5
Nature	1	2	3	4	5
Scout Craft	1	2	3	4	5
First Aid	1	2	3	4	5
Dinning Hall Program	1	2	3	4	5
Morning Colors	1	2	3	4	5
Evening Retreat	1	2	3	4	5
Scout Vespers	1	2	3	4	5
Friday Afternoon Camp Wide Event	1	2	3	4	5

STAFF

Camp Director (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Program Director (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5

CHIEF CORNPLANTER COUNCIL

BOY SCOUTS OF AMERICA

STAFF CONT.

Camp Commissioner (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Health Officer (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Aquatics Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Shooting Sports Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Nature Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Scout Craft Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Handi-Craft Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Dining Hall Staff (overall)	1	2	3	4	5
Helpful	1	2	3	4	5
Courteous	1	2	3	4	5
Scout Like	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Dining Hall and Food					
Food Quality	1	2	3	4	5
Food Quantity	1	2	3	4	5
Cleanliness	1	2	3	4	5

Please put additional comments on the backside of this sheet.