

# HIDDEN VALLEY SCOUT RESERVATION NEW BIRTH OF FREEDOM COUNCIL, BSA 2021 SUMMER CAMP STAFF SCHEDULE



SESSION	STARTING		ENDING	
	DATE	TIME	DATE	TIME
HV Area Director Meeting	TBD	TBD	TBD	TBD
Staff Training	Sunday June 13	12:00 pm	Friday June 18	6:00 pm No Dinner Served
Scouts BSA Session 1	Sunday June 20	12:00 pm	Saturday June 26	10:30 am
Scouts BSA Session 2	Sunday June 27	12:00 pm	Saturday July 3	10:30 am
Scouts BSA Session 3	Sunday July 4	12:00 pm	Saturday July 10	10:30 am
Scouts BSA Session 4	Sunday July 11	12:00 pm	Saturday July 17	10:30 am
Scouts BSA Session 5	Sunday July 18	12:00 pm	Saturday July 24	10:30 am Only staff under age 18 leave
Family/ Tiger Camp Weekend	Saturday July 24	2:00 PM	Sunday July 25	Staff 18+ time off after closing
Staff Close Down	Tuesday July 27	12:00 pm	Friday July 30	5:00 pm

**Note:** All staff under 18 years of age must leave camp by departure time unless they have a parent's note to stay and two adult staff members will be at camp to supervise. Any staff members needing to arrive or leave camp at a different time than posted above, must submitted a **Staff Time Off Request Form**.

18+ staff members are subject to arrive earlier than the given report time above depending on the week's needs. Discretion is given to the Camp Director to change these times.

HIDDEN VALLEY MAILING ADDRESS:

STAFF MEMBER'S NAME  
c/o Hidden Valley  
268 Hidden Valley Road  
Loysville, PA 17047

Hidden Valley Camp Office: (717) 638-0000  
Director of Camping: Todd Weidner (717) 580-0180  
Camping Assistant: Tyler Roman (717) 620-4525

# Hidden Valley Camp Staff Time Off Request Form

**Please Print:**

**NOTE: All Request Should Be Submitted Two Weeks in Advance:**

Staff Members Name: \_\_\_\_\_ Department: \_\_\_\_\_

Requested Departure Date: \_\_\_\_\_ Requested Departure Time: \_\_\_\_\_

Requested Return Date: \_\_\_\_\_ Requested Return Time: \_\_\_\_\_

Reason for Reques \_\_\_\_\_

I understand my pay may be deducted for the periods of time while I am not at work.

Staff Members Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY STAFF MEMBERS UNDER 18 YEARS OF AGE:**

Name of Person Picking up Staff Member: \_\_\_\_\_

Person picking up staff member must provide Photo ID at Check-Out and match name listed above.

Name of parents or guardian giving permission to leave camp \_\_\_\_\_

I give my son or daughter permission to leave camp and drive their personal vehicle from camp.

Signature of Parents or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please Submit All Request Forms To The Camp Business Manager**

**THIS SECTION IS FOR OFFICE USE:**

Approved by: Supervisor/Area Director: \_\_\_\_\_ Program Director: \_\_\_\_\_ Camp Director: \_\_\_\_\_

Date Supervisor/Area Director Notified: \_\_\_\_\_ Date Staff Member Notified: \_\_\_\_\_

Office Note:

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