

# CAMP TUCKAHOE

## NEW BIRTH OF FREEDOM COUNCIL, BSA

### 2021 SUMMER CAMP STAFF SCHEDULE



SESSION	STARTING		ENDING	
	DATE	TIME	DATE	TIME
Staff Arrival Training and Setup	Sunday June 13	12:00 pm Staff Lunch	Friday June 18	6:00 am
Cub Sessions 1 & 2	Sunday June 20	12:00 pm Staff Lunch	Saturday June 26	10:30 am
Webelos Session 1	Sunday June 27	12:00 pm Staff Lunch	Friday July 2	5pm – 6 pm No Dinner Served
Camp closed July 3 to July 9				
Scouts BSA Session 1	Saturday July 10	12:00 pm Staff Lunch	Saturday July 17	10:30 am
Scouts BSA Session 2	Sunday July 18	12:00 pm Staff Lunch	Saturday July 24	10:30 am
Scouts BSA Session 3	Sunday July 25	12:00 pm Staff Lunch	Saturday July 31	10:30 am
Webelos Session 2	Sunday August 1	12:00 pm Staff Lunch	Thursday August 5	Around 9:00 pm After campfire show
Webelos Session 3	Saturday August 7	12:00 pm Staff Lunch	Friday August 13	5:00 pm No Dinner Served
Staff Tear Down	August 15	12:00 pm	August 17	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.

TUCKAHOE MAILING ADDRESS:

STAFF MEMBER’S NAME  
c/o Camp Tuckahoe  
400 Tuckahoe Road  
Dillsburg, PA, 17019

Tuckahoe Camp Office: (717) 432-5232 x 300  
Director of Camping: Todd Weidner (717) 580-0180  
Camping Assistant: Tyler Roman (717) 620-4525

# 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 Request: \_\_\_\_\_

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 Notes:

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