



BOY SCOUTS
OF AMERICA®
CASCADE PACIFIC COUNCIL

2024



NATIONAL YOUTH LEADERSHIP TRAINING
(NYLT)
AT CAMP BALDWIN
PARTICIPANT GUIDE

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Remember the only bad questions are the ones not asked.

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Dear NYLT Participants,

Welcome to the National Youth Leadership Training (NYLT) program! We are thrilled to have you join us for this exciting & transformative leadership experience.

NYLT is designed to provide Scouts like you with the **skills, knowledge, & confidence** to become **effective leaders** in your **unit, school, & community**. Throughout this program, you will engage in a series of challenging & rewarding activities that will help you develop key leadership skills, such as communication, goal setting, team building, & problem-solving.

Our dedicated team of trained staff & mentors are committed to ensuring the safety & wellbeing of all Staff & Participants alike. We will be supporting you every step of the way as you embark on this leadership journey. We believe that with the right **guidance** & a **growth mindset**, you can unlock your **full leadership potential** & **make a positive impact** on those around you.

Although the NYLT course can be rigorous & tough at times, we encourage you to approach this experience with an **open mind**, a **willingness to learn**, & a **spirit of collaboration**. **Together, we will work towards building a community of empowered & responsible leaders who are prepared to lead with integrity & purpose.**

PRIOR TO COURSE

Complete the following:

- ❑ **NYLT Readiness Questionnaire**: To help us better prepare for supporting your Scout through their NYLT experience, we have prepared a secure online questionnaire. Alongside the participant, please answer the [NYLT questionnaire](#) with details that will help us guide them to a successful week of leadership training.
- ❑ **Medical Form**: All participants are required to bring a [Medical Form](#) with **part A, B1, B2, & C**; completed prior to arrival. **Part C** requires a visit to a healthcare professional, where they will fill out this last page.
- ❑ **Photocopy of front & back of medical insurance card**.
- ❑ **Packing List** - *Check to make sure you have not forgotten anything.*
- ❑ **Dietary Restrictions** along with reactions/reasons are submitted in a special needs request within your online registration.
- ❑ **All prescription & over-the-counter medications** to be distributed on course must be in their **original containers**. *Please bring all medication in original containers in a zip lock bag with the participant's name written on it and include the MEDICATION DISTRIBUTION FORM found on page 4.*
- ❑ **Code of Conduct** - fill out & sign by both **parent & participant**.
- ❑ **NYLT Permission Form** - fill out & sign by both **parent & Scoutmaster/ Advisor**.

ARRIVAL / CHECK-IN

Please arrive on your designated **Sunday at 11:30 am** at **Camp Baldwin** in the Upper Parking Lot. The Camp Baldwin address is: 76201 Dufur Valley Rd, Dufur, OR 97021.

Upon arrival, participants are expected to be wearing their official **Scouts BSA Field Uniform** (Class A).

Please have the following handy:

- ❑ Completed & properly signed annual medical forms A, B1, B2, & C.
- ❑ All prescription medications in a zip loc bag with the participant's name written on it.
- ❑ NYLT Permission form & Course Code of Conduct. (Properly signed)

ON COURSE

Completing the NYLT course requires participants to attend the entire week.

- Participants will be assigned to a patrol upon arrival. For the most productive & beneficial outcome, Scouts from the same unit, related to, or friends with each other need to be assigned to different patrols.
- Keep in mind that behavior expectations are **HIGHER** for an NYLT course than a normal summer camp.
- **Emergency telephone calls** to 503-226-3423 (*Please do not call unless it is a true emergency.*)

FOLLOWING COURSE

Please join us Friday evening for Patrol Presentations & Closing Ceremony starting at 4 PM.

- Upon arrival, park in the upper parking lot & walk down to the camp office to check-in. Then you will be directed where to go. **Please wear appropriate walking shoes.**
- Parents, guardians, & family members (*NO PETS*) are welcome, & encouraged, to attend.
- RSVP to the Course Director if how many would like to attend the completion dinner that evening starting at 5:30pm.
- **Participants are expected to leave no later than 7:00pm.**

Yours in Scouting,

Dave Loseke

NYLT Course Advisor, Cascade Pacific Council, BSA

nyltcpcbsa@gmail.com

NYLT MEDICAL PROCEDURES

Every precaution is taken to ensure a healthy & safe experience for all participants attending Cascade Pacific Council NYLT. All camps operate a well-equipped health lodge that is administered by a qualified camp health officer for any accidents or medical problems that may arise. In the event of a medical emergency. The camp health officer is available 24 hours a day. Special arrangements have been made with local hospitals for the treatment of more serious cases. If such treatment is required, every effort will be made to notify the NYLT participant's parents/guardians.

In the unlikely event of a very serious injury or illness requiring immediate specialized medical attention, the care of your youth will be turned over to the local emergency medical service that may require the use of ground or air ambulance service at their discretion.

Youth and leaders needing additional medical attention on or off property will be billed (by the medical office or hospital) for services rendered at their expense. All expenses associated with this additional treatment become the responsibility of the youth's parents/guardians, preferably handled through their personal health insurance or supplemental unit accident insurance. All medical services provided by the camp health officer are at no cost.

MEDICAL FORMS

All participants are required to bring a [Medical Form](#) with **part A, B1, B2, & C**; completed prior to arrival.

MEDICATIONS AT NYLT

- If the Participant requires **PRESCRIPTION or OVER-THE-COUNTER MEDICATION** during Course, please fill out the **MEDICATION DISTRIBUTION FORM** on the next page, & bring it to course check in.
- Medications are checked in as part of the check-in process to the adult leader who will be responsible for medication distribution for the Course.
- The medications will be secured in a secure storage container with lock.
- A log will be used to track medication distribution during the week.
- The log will be turned into the health officer at the end of the camp session.
- Our NYLT adult staff will provide medications to the participants according to the details provided.
- **Medications that may be needed for an EMERGENCY or on an URGENT BASIS shall be carried by the youth participant. The youth participant must notify an adult leader immediately upon self-administering the emergency medication.**

SPECIAL NEEDS

Please provide any health, mobility, disability, or special dietary needs through within the registration process for NYLT. The Council will make every reasonable effort to accommodate special needs. It is the responsibility of the Parent / Guardian to make sure the participant has everything they need for the duration of the NYLT course. The contact person on the form may be contacted if camp staff have any questions.

NYLT PARTICIPANT MEDICATION DISTRIBUTION

PARTICIPANT NAME														NYLT PATROL	
		Daily Log for Course Staff													
MEDICATION	TIME OF DAY	S		M		T		W		TH		F		INSTRUCTIONS	
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		
		AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch	AM	Lunch		
		Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed	Dinner	Bed		

If the participant needs to have medication (*prescription or over-the-counter*) while on course, please fill out the “PARTICIPANT NAME”, “MEDICATIONS”, “TIME OF DAY”, & “INSTRUCTIONS” sections of this form.

We will add Patrol & use this as a log for each day.

Example *Instructions*: take 1pill every AM, PM, & BED with food.

2024 NYLT PARTICIPANT PACKING LIST
CLEARLY MARK ALL ITEMS WITH YOUR NAME

ITEMS TO LEAVE AT HOME

- ☒ Cell phones (will be confiscated by adult staff)
- ☒ Electronic Games, Devices, & Radios
- ☒ Tobacco, Alcohol, & Illegal drugs
- ☒ Sheath knives
- ☒ Weapons of any kind (other than a pocket knife)
- ☒ Fireworks
- ☒ Bathing Suits, Tank Tops, running shorts, or other Revealing Attire
- ☒ Candy, food, glass containers

Note: Things do get broken or lost. Please plan accordingly & leave valuable items at home. Participants will be carrying their gear to the campsite from parking lot.

ITEMS TO BRING

Bedding

- ☐ Sleeping bag
- ☐ Sleeping pad & pillow
- ☐ Tent - needed for Outpost overnight!

Clothing - (All clothing that is not BSA has to have no visible Logos or images showing)

- ☐ **FIELD UNIFORM** (class A) – Worn Upon Arrival
- ☐ Uniform button-up shirt
- ☐ BSA Belt
- ☐ 1-3 Scouts BSA pants, shorts, skorts
- ☐ **ACTIVITY UNIFORM** shirts (class B) – or plain t-shirts
- ☐ 3-5 Scouts BSA camp shirts
- ☐ 1-3 Sweatshirt, Hoodie &/or Jackets (It gets cold at night)
- ☐ 7-9 pairs of Socks & Underwear
- ☐ 1-3 Pajamas
- ☐ 1 pair long-underwear/leggings (for cool nights)
- ☐ 2 pairs Closed-Toed Shoes (Hiking Boots & / or Running Shoes)
- ☐ Rain Gear – jacket/shell and pants
- ☐ 1 Cap or Visor (BSA brand or no logo/images visible) (optional)
- ☐ Sunglasses (optional)

Toiletries – (Non-Aerosol Products ONLY)

- ☐ Sandals / flip flops (to be worn only in shower)
- ☐ Large towel
- ☐ Hand Towel / Washcloth
- ☐ Shampoo / Conditioner
- ☐ Soap for body
- ☐ Toothbrush & toothpaste
- ☐ Comb/Brush
- ☐ Lip balm
- ☐ Deodorant
- ☐ Personal Hygiene Products
- ☐ Sunscreen
- ☐ Bug repellent

Ten Essentials (not already covered)

- ☐ Water Bottle!!!!
- ☐ Headlamp & Extra Batteries
- ☐ Personal First Aid Kit
- ☐ Matches & Fire Starter
- ☐ Compass (Map will be provided)

Camp Necessities

- ☐ Backpack (used for Outpost)
- ☐ Camp Chair
- ☐ Wrist WATCH
- ☐ Work gloves
- ☐ Pens & pencils / Spiral Notebook

*NYLT does not include swimming, free time, or visits to the trading post.

+Participants using or possessing un-Scout like materials will be sent home on the spot - help us out by leaving them at home

National Youth Leadership Training
Cascade Pacific Council – Boy Scouts of America

PARTICIPANT CODE OF CONDUCT

By signing this code of conduct, all participants and their parents agree to the conditions of the statements contained within. It is further understood that serious misconduct or infraction of rules and regulations may prevent you from completing this course and require your parent(s)/guardian to provide transportation home should your participation in the program be terminated. As young men/women, you are responsible for your own behavior.

We are a linked-troop program. Our staff is trained on BSA Camp Youth Protection (YPT) and we enforce the YPT rules as defined in the Guide for Safe Scouting and the YPT program; we expect participants to obey these rules as well.

Certain YPT violations will be grounds for removal from the course including all forms of bullying, inappropriate public displays of affection, sexual activity, and inappropriate attire. There is no place for these behaviors in Scouting.

Please help us meet our commitment to keep everyone safe by keeping yourself and others around you safe.

A SCOUT/VENTURER IS

TRUSTWORTHY – I will arrive at all classes and scheduled programming on-time. I will tell the truth in all situations. I will respect the privacy of others and enter another campsite only when invited. I will inform NYLT staff if I find an item left in a program area.

LOYAL – I will support my team leader, youth leader(s), team guide, and adult leaders. I will wear the Scout/Venture uniform when asked, as a sign of loyalty to the Boys Scouts of America, and my fellow Scouts/Venturers.

HELPFUL – I will demonstrate that I care about others through my words, actions, and deeds. I will readily and gladly volunteer to help others without expecting payment or reward.

FRIENDLY – Camp brings together people with diverse backgrounds; so, I will be friendly to all.

COURTEOUS – I will treat others with courtesy. I will respect my fellow Scouts/Venturers, and the youth and adult leadership of NYLT. I will always show good manners.

KIND – I will not call fellow Scouts/Ventures, staff members and adult leaders “names.” I will treat other persons – and their property – as I would like to be treated. I will be kind to all of nature’s creatures, and to our environment.

OBEDIENT – I will obey all appropriate requests made to me by people in leadership roles. I will obey all the rules of the Cascade Pacific Council Camps. I will observe quiet time from taps to reveille.

CHEERFUL – I will be cheerful in all situations.

THRIFTY – I will recycle all appropriate materials. I will make best use of the food and materials entrusted to me.

BRAVE – I will do what is right, regardless of what anyone else may say.

CLEAN – I will keep our campsite and my personal gear clean. I will keep my clothing clean. I will be clean in my speech. I will not use alcohol, tobacco, or illegal drugs.

REVERENT – I will respect the beliefs of others. I will fulfill my personal religious obligations through religious services afforded me.

PARTICIPANT’S NAME: _____

PARTICIPANT’S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN’S SIGNATURE: _____ Date: _____

NATIONAL YOUTH LEADERSHIP TRAINING (NYLT) 2024

PERMISSION FORM

Participant's Name: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and hereby give consent for the participant named above to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Scouts BSA, Cascade Pacific Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information in this packet with Scouts BSA volunteers and professionals who need to know of medical situations that might require special consideration for safely conducting Scouting activities.

In case of an emergency involving the participant, I understand that every effort will be made to contact the individual(s) listed as the emergency contact persons. If these persons 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 the participant.

Medical providers are authorized to disclose to the adult in charge, examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parent or guardian, and / or determination of the participant's ability to continue in the program activities.

PARENT/GUARDIAN

I, _____, agree to send _____, to NYLT. I also understand that my youth will need to arrive at the designated time and is expected to remain on course for the duration of the program.

If I need to remove my youth, I will make arrangements with the Course Director or designated contact, to avoid course disruptions.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMAIL ADDRESS (please print clearly): _____

SCOUTMASTER / ADVISOR

I, _____ the Scoutmaster / Advisor of _____ grant approval for them to attend NYLT 2024. I also hereby verify that the recommended youth meets all age, rank, and skill requirements necessary to attend NYLT.

SCOUTMASTER / ADVISOR SIGNATURE: _____ DATE: _____

EMAIL ADDRESS (please print clearly): _____

PHONE #: _____

Signed forms MUST be completed and with the course Scoutmaster prior to the start of course.