



Doubleknot Access Request for Volunteers

Please Note: This form is to be used to request access for any district level program/event volunteer

Volunteer Name _____ **BSA ID#** _____

Volunteer Phone # _____

Volunteer Email _____

Current Doubleknot login (write none if new) _____

District _____ **Division** _____

Is this volunteer currently registered with the BSA? Yes No

Volunteer Position: Day camp chair District activities chair
 Day camp registrar District training chair
 Other: _____ District registrar

Start date of access _____ End date of access _____

Access needed to: North Division Frontier Division
 South Division Day Camp
 East Division Other: _____
 West Division

District Executive Approval _____ Date _____

Field Director Approval _____ Date _____

IT Completed _____ Date _____

