Workership Program

Mid-Iowa Council
Boy Scouts of America
6123 Scout Trail
Des Moines, IA 50321

515-266-2135
www.midiowacouncilbsa.org
Mid-Iowa Council has a long history of serving youth. Throughout our twenty-seven counties, we serve more than 20,000 members annually.

Understanding that different youth have different needs, many of which are financial, it is important for us as an organization to do our best to help. No youth should be unable to fully participate in Scouting due to lack of funds. To help Scouts help themselves, we have developed the “Workership Program”.

**What is it?**

The “Workership Program” is a way for our Scouts to earn their way to a Mid-Iowa Council camp or for any other Scouting needs. The concept is that a youth needing help, will perform community service to earn his/her way. However, this program is not designed to be a “blank check” for anyone and everyone to take advantage of. **There must be a significant need and each application will require the approval of parent/guardian, unit leader, and service project recipient.**

**How will it be administered?**

First of all, there must be a significant need. The council will rely on our volunteer leaders to determine the need for youth in their own units. The unit leader will be responsible for sharing the information in this program with the parent(s)/guardian of the youth in a **confidential manner.** At this time, the parent/guardian and unit leader will complete and sign the Workership Request. Upon completion of the necessary service hours, the unit leader or parent/guardian will obtain the signature of the head of the organization the service was performed for (if possible) and submit it to the Maytag Scout Center for action. **Workership requests must be submitted, and approved, prior to the Scout attending camp.** Scout leaders may have service project hours “pre-approved” for the youth if the leader feels the service may not qualify.

Possible service ideas include, but are not exclusive to, raking leaves for an elderly person, volunteering to pull weeds out of a flower bed for your church, helping an organization with a community project they are doing (see Scouting Regulation below), collecting food for a local food bank, and many more. **Service hours for a Workership cannot be used toward rank requirements.**

**Workerships are for Mid-Iowa Council camps, activities, and supply needs (books, uniforms, etc.) only. All information will be kept confidentially on file at the Maytag Scout Center.**

**National Scouting Regulation:**

Article IX, Section 2, Clause 1

With the consent of the local council, members of the Boy Scouts of America may cooperate with established nonpartisan and nonsectarian national movements for the relief of humanity in undertakings to raise money by giving personal service, provided, however, that this shall **NOT** involve the use of Boy Scouts of America youth members as collectors or solicitors of money.
Workership Request
Mid-Iowa Council

Please answer every question on this form. Only completed forms will be considered. Names are kept strictly CONFIDENTIAL and at no time will be submitted by Mid-Iowa Council to anyone or any organization.

Name _________________________________________ Pack/Troop # ____________
County ______________________ Address ________________________________
City ______________________ State _________ Zip ___________
Age __________ □ Male □ Female Rank _____________ Years in current unit __________

1. Has applicant attended council camp before? ______ Number of years _______
2. Has Workership been previously awarded? __________ Year _______________
3. Reason for request (Number of dependents in household and total family income for the last 12 months must be included—information will be kept completely confidential).
   _______________________________________________________
   __________________________________________________________________
   __________________________________________________________________

4. Family’s share of camp cost $ __________
5. Share of camp cost from other sources (church, pack/troop, etc.) $ ______________
6. Did your unit sell *Trails End* popcorn? ___________________________________________________________________
7. Did your unit participate in Family FOS? ___________________________________________________________________
8. If unit didn’t participate in council fundraising last year, will you participate this year? ___________________________________________________________________
9. What unit fundraisers have been done to support the needs of the youth and the unit itself? (Please include amounts generated from each fundraiser).
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Who will benefit from the service project?
    □ Church  □ Community  □ Individuals  □ School  □ Other ___________
11. Please give a brief description of the service:
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

12. What will this Workership be used toward?
    □ Summer Camp at Camp Mitigwa  □ Cub Camp at Camp Mitigwa
    □ Cub Scout Fun Days/Twilight Camp
    Dates _____________________________ ________________
    □ Scout uniform and/or literature, etc.
    What? ____________________________________________________________________

Please finish completing the form on the back
13. Cost of requested need (maximum of 50%) $______________
*Availability subject to funding.
Project hours needed to meet cost ________________
For your planning purposes, one hour of service should be considered an approximate value of $5.00. Remember, limited funds are available. Every hour of service may not be recognized through funding! Service hours may be performed over several days.

Note: Workship does not include transportation, medical examination, personal equipment or other personal needs.

14. Date project completed _________________ Number of hours ____________

____________________________________________
Scout Signature Date

____________________________________________
Parent/Guardian Signature Cubmaster/Scoutmaster Signature

Head of Organization where service was performed (Certifying the youth’s service) Date

Please forward Workship Request to: Mid-Iowa Council, BSA
6123 Scout Trail
Des Moines, IA 50321

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For office use only

Action taken:

- Received _____________________________ Date _____________________________
- Forwarded to Scout Executive for Approval Date _____________________________
- Approved _____________________________ Date _____________________________
- Hold for additional info _____________________________ Date _____________________________
- Not approved _____________________________ Date _____________________________
- Leader notified _____________________________ Date _____________________________
- Entered in tracking database: Date _____________________________
- Funds applied to unit account following confirmed attendance: Date _____________________________

If for uniforms, literature, etc.:

- Parent/Guardian notified _____________________________ Date _____________________________
- Purchase Order (for supplies) # ____________ Amount $__________ Date ____________