

**CAMP STAFF APPLICATION**

- \* The minimum age requirement is 15 (when camp opens)
- \* Applicants must be registered members of the Boy Scouts of America or agree to become registered before employment may be offered.
- \* The staff must set an example of excellence in Scouting which includes the proper wearing of the uniform.
- \* Salary is based on position responsibility with consideration given to the individual’s experience.
- \* Mail your application early. Opportunities for employment are better for those who apply earliest. We will notify you when a decision is reached.
- \* This application will be given every consideration, but its receipt does not imply that the applicant will be employed.
- \* All applicants must attach a written statement of their reasons for wanting to work at Camp Kootaga, as well as how their presence will aid the camp program and facility.
- \* Applicants accepted for employment are on a trial basis with a probationary period and if, in our judgment, it is found during this period that the employee is not adapted to work assigned, or that information given has been misrepresented, the employment may be terminated without other reason.
- \* In connection with your application for employment, an investigation may be made requesting information as to character and general reputation. Information as to the nature and scope of any investigation request will be furnished to you, upon your written request.
- \* Applicants who are not United States Citizens will be required to produce working papers and evidence that they have a legal right to remain in the United States.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

                First                          Middle                          Last

Present (College) Address \_\_\_\_\_

Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_

Driver’s License # \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth (if under 21) \_\_\_\_\_ Date of Application \_\_\_\_\_

Physical Limitations, if any \_\_\_\_\_

# EMPLOYMENT RECORD

Have you ever been discharged or asked to resign from any job? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Present or most recent employer: \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Phone \_\_\_\_\_

Name of firm \_\_\_\_\_ Address \_\_\_\_\_

**From:** Month \_\_\_\_ Year \_\_\_\_ **To:** Month \_\_\_\_ Year \_\_\_\_ Supervisor's Name \_\_\_\_\_

Description of duties (indicate significant responsibilities, accomplishments, and contributions)

Reason for leaving \_\_\_\_\_

Describe any Military experience/duties \_\_\_\_\_

## EDUCATION

(List in reverse chronological order)

College(s) Attended:	Years Attended	Degree	Grade Average
----------------------	----------------	--------	---------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

High School(s):

_____	_____	_____	_____
-------	-------	-------	-------

Major field of study: \_\_\_\_\_ Minor field of study: \_\_\_\_\_

Scholastic Standing \_\_\_\_\_

School Honors and activities \_\_\_\_\_

Special training, experience or special courses which might be useful in a camp staff job \_\_\_\_\_

### Certifications:

First Aid/ EMT \_\_\_\_\_

Type of course	Certificate #	Expiration Date
----------------	---------------	-----------------

Aquatics _____	_____	_____
----------------	-------	-------

Type of course	Certificate #	Expiration Date
----------------	---------------	-----------------

C.P.R. _____	_____	_____
--------------	-------	-------

Type of course	Certificate #	Expiration Date
----------------	---------------	-----------------

National Camp School: Section \_\_\_\_\_ Date Attended \_\_\_\_\_

NRA \_\_\_\_\_

Type of course	Certificate #	Expiration Date
----------------	---------------	-----------------

Archery \_\_\_\_\_

## SCOUTING EXPERIENCE

NONE \_\_\_\_\_

Currently Registered as \_\_\_\_\_ Unit No. \_\_\_\_\_ Council \_\_\_\_\_

Council Address \_\_\_\_\_

	CUB	SCOUT	VENTURER	EXPLORER	ADULT
No. Years Tenure	_____	_____	_____	_____	_____
Highest Rank Attained	_____	_____	_____	_____	_____
Offices Held	_____	_____	_____	_____	_____

Have you ever served on a camp staff? \_\_\_\_\_ Dates \_\_\_\_\_

Camp \_\_\_\_\_ Positions \_\_\_\_\_

Have you been a C.I.T. \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Merit badges earned – related to camp program \_\_\_\_\_

Special Scout Training Completed: \_\_\_\_\_

(Camp School, Scout Leader Basic Training, Wood Badge, etc.)

Describe your Scouting activities and leadership experiences \_\_\_\_\_

## OTHER INFORMATION

Community/Civic involvement or activities \_\_\_\_\_

Have you ever been arrested and convicted \_\_\_ If yes, explain \_\_\_\_\_

Future plans (after schooling, etc.) \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

# REFERENCES

List at least three (3) who can expect to be contacted. Please provide name, address and phone. Scouts and Venturers **MUST** list current scout leader as a reference.

Scouting \_\_\_\_\_  
\_\_\_\_\_  
School \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

## Scoutmaster's Evaluation (to be completed for applicants under 18 years of age only)

Please grade Scout on the following items: (5 excellent, 4 above average, 3 average, 2 below average, 1 poor)

Leadership ability	_____	Dependability	_____	Teamwork	_____
Cheerfulness	_____	Teaching Ability	_____	Helpfulness	_____
Obedience	_____	Self-motivating	_____	Scout Spirit	_____

Scoutmaster's Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_

## POSITION(S) APPLIED FOR

1<sup>st</sup> Choice Position \_\_\_\_\_

2<sup>nd</sup> Choice Position \_\_\_\_\_

3<sup>rd</sup> Choice Position \_\_\_\_\_

Dates available for employment \_\_\_\_\_

Salary Required \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. If selected, the Boy Scouts of America can expect my loyalty to the management, its policies and program and full cooperation with members of the staff.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18)

Please return this application to: Buckskin Council, BSA, 2829 Kanawha Blvd. E., Charleston, WV 25311