

# Winter Camp Staff Application

PLEASE PRINT

Name \_\_\_\_\_ Scout rank (if under 18 or Eagle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Date of birth (if under 19 or a 21+ position) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency contact person \_\_\_\_\_

Their phone (don't list your home phone) (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Choice of employment position

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

Previous camp staff experience (dates, positions, and camps)

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Boy Scout experience

Currently registered as \_\_\_\_\_ Troop # \_\_\_\_\_

Council \_\_\_\_\_ # years as a youth \_\_\_\_\_ # years as an adult \_\_\_\_\_

Achievements

Special training

List of current certifications (CPR, EMT, First Aid, etc)

List your hobbies & special interests

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References - give names and addresses of 3 people other than family members that have knowledge of your character

Name, Address, City, State, Zipcode and Telephone

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

You are expected to reside in housing provided by the camp. Family housing is not provided. Management reserves the right to enter your quarters for inspection at its discretion. I hereby make application for summer employment; and in accordance with the principles of the BSA, subscribe to the Scout Oath, Law and Declaration of Religious Principle. I agree to be loyal, to cooperate fully with all of the BSA policies, program and management including those described in this application. I further agree to submit a complete Health and Medical Record upon arrival, if selected. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I authorize all my previous employers and all other references to furnish the information requested. I hereby declare that the information provided by me in my application is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for discharge.

Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent signature (if under 19) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_