

Housatonic Council, Boy Scouts of America

326 Derby Avenue

Derby, CT 06418

(203) 734-3329

RETURNING CAMP STAFF APPLICATION

A good employee follows directions carefully.

Please PRINT or TYPE

Housatonic Council is an equal opportunity employer.

Note: Applicant is not required to give any information on this application that is prohibited by law.

This application will be given every consideration, but its receipt does not imply that the applicant will be hired.

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: (____) _____ Work#: (____) _____ Cell#: (____) _____

E-Mail Address _____

Date of Birth: _____ Age on June 15th: _____ Dates Available: From _____ To _____

Emergency Contact Information

Name: _____ Relationship: _____ Address: _____

Home#: _____ Work#: _____ Cell#: _____

Please Indicate 1st, 2nd, & 3rd Choice Below

(Note: Staffing requirements vary year to year. Some positions may be combined or eliminated in any given year.)

<u>15 years old</u>	<u>At least 16 years</u>	<u>At least 18 years</u>	<u>At least 21 years</u>
___ CIT/Pioneer	___ Aquatics Instr.	___ Archery Dir.	___ Camp Director
	___ 1 st Class Instr.	___ Asst. Aquatic Dir.	___ Program Dir.
	___ Handicraft Instr.	___ Commissioner	___ Aquatics Dir.
	___ Kitchen Staff	___ Dining Hall Steward	
	___ Ecology Instr.	___ Handicraft Dir.	___ Chaplain
	___ Outdoor Skills Inst.	___ Ecology Dir.	___ Chef
	___ Field Sports Inst.	___ Outdoor Skills Dir.	___ Health Officer
		___ Trading Post	___ Rifle/Shotgun
		___ 1 st Class Director	
		___ Kitchen Crew Chief	

State the reasons for your choice(s):

Are you planning to attend Scouting events this summer? Yes _____ or No _____

If Yes, What? _____ When? _____

List job, school, or hobby experiences, which have added to your camping and leadership qualifications:

List last 3 places of employment:

Employer/Company	Address	City	State	Supervisors Name	Phone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Do you hold a current CPR certification? Yes _____ No _____ Type _____ Date _____

Do you have a driver's license? Yes _____ No _____ Number _____

Highest Education _____

Name of Institute: _____

Diploma, Degree or Certifications? _____

Have you attended BSA National Camping School in the last 5 years? Yes _____ No _____

When? _____ Where? _____ What Certificate? _____

Any other specialized training? _____

Note: Please attach copies of any certificates (WSI, CPR, EMT, RN, Camp School, etc.)

Do you use tobacco? () Yes () No Would you be willing to agree not to use tobacco while on duty? () Yes () No

IF SELECTED, THE HOUSATONIC COUNCIL, BOY SCOUTS OF AMERICA CAN EXPECT MY LOYALTY TO CAMP MANAGEMENT, ITS POLICY AND PROGRAM, AND MY FULL COOPERATION WITH OTHER MEMBERS OF THE STAFF.

Have you ever been convicted of a felony? (You may answer no if your conviction has been ordered sealed, expunged or eradicated). Yes No

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. Including what you were convicted of and how long ago. Please provide complete information about the conviction by attaching a separate statement.

I authorize investigation of all statements contained in this application for commission as may be necessary in arriving at a decision. I authorize all my previous employers, schools, consumer or credit agencies and other references to furnish the information requested.

I hereby declare that the information provided by me in this Application for camp staff 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

Date

Applicants who are under 18 years of age are required to have their Scout Leader and Parent/Guardian complete the following:

I CERTIFY THAT THE ABOVE NAMED APPLICANT IS AN ACTIVE MEMBER OF MY TROOP/CREW AND I WELCOME THE OPPORTUNITY TO GIVE INPUT TO HIS QUALIFICATIONS FOR CONSIDERATION FOR SUMMER CAMP STAFF.

Scout Leader 's Name: _____ Phone#: _____

Address: _____ Unit # _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____