

**Housatonic Council, Boy Scouts of America**  
 326 Derby Avenue  
 Derby, CT. 06418  
 (203) 734-3329

**CAMP STAFF/ CIT APPLICATION**

A good employee follows directions carefully.  
 Please PRINT or TYPE

The Housatonic Council, Boy Scouts of America 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: \_\_\_\_\_ E-Mail Address : \_\_\_\_\_

Telephone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on June 15<sup>th</sup>: \_\_\_\_\_ Dates Available: From \_\_\_\_\_ to \_\_\_\_\_

Please Indicate 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> Choice Below:

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

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

State the reasons for your choice(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you planning to attend Scouting events this summer? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What? \_\_\_\_\_ When? \_\_\_\_\_

**Scouting History:**

Are you currently registered as a Scout or Scouter? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Troop #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Council: \_\_\_\_\_

Have you been involved in?

Cub Scouts: No \_\_\_ Yes \_\_\_ Number of years \_\_\_\_\_ Pack \_\_\_\_\_

Boy Scouts: No \_\_\_ Yes \_\_\_ Number of years \_\_\_\_\_ Troop \_\_\_\_\_

Venturing: No \_\_\_ Yes \_\_\_ Number of years \_\_\_\_\_ Crew \_\_\_\_\_

Exploring: No \_\_\_ Yes \_\_\_ Number of years \_\_\_\_\_ Post \_\_\_\_\_

Adult Ldr.: No \_\_\_ Yes \_\_\_ Number of years \_\_\_\_\_ Unit \_\_\_\_\_

Current or Last Rank held in that position (s): \_\_\_\_\_

Leadership positions held: (Circle all that apply)

Senior Patrol Leader	Quartermaster	Junior Asst. Scoutmaster
Asst. S.P.L	Instructor	Bugler
Patrol Leader	Scribe	Troop Guide

Adult Position: \_\_\_\_\_

Order of the Arrow? Yes \_\_\_ No \_\_\_ Level: Ordeal \_\_\_\_\_ Brotherhood \_\_\_\_\_ Vigil \_\_\_\_\_

Experience at Boy Scout Camp:

Cub Scout Camper: Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_ Where \_\_\_\_\_

Boy Scout Camper: Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_ Where \_\_\_\_\_

Adult Leader: Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_ Where \_\_\_\_\_

C.I.T/Pioneer Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_ Where \_\_\_\_\_

Camp Staff Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_ Where \_\_\_\_\_

List any Scout Training you have completed:

\_\_\_\_\_

Camp related Merit Badges: (Circle those you have earned)

BSA Lifeguard	Basketry M	Forestry MB	Skills/Awards Earned:	
Aquatics Instr BSA	Leatherwork MB	Insect Study		Mile Swim
Canoeing MB	Metalwork MB	Mammal Study MB		Snorkeling BSA
Lifesaving MB	Woodcarving MB	Nature MB		CPR
Motor boating MB	Archery MB	Reptile Study MB		Basic First Aid
Rowing MB	Athletics MB	Soil & Water MB		Red Cross WSI
Small Boat Sailing MB	Personal Fitness MB	Weather MB		Rock Climb MB
Swimming MB	Rifle MB	Wilderness Sur MB		
Water-skiing MB	Shotgun MB	Bugling MB		
Camping MB	Astronomy MB	Emergency Prep MB		
Orienteering MB	Bird Study MB	First Aid MB		
Cooking MB	Environmental Science MB	Fishing MB		
Pioneering MB	Fish & Wildlife MB	Indian Lore MB		
Oceanography MB	Fingerprinting MB	Archeology MB		

State why you would like to be a staff member:

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

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List Leadership Positions with other organizations:

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List last 3 places of employment:

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

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

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

List 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.)**

**PERSONAL REFERENCES:** (List 3 – not relatives)

SCHOOL Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_

WORK Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_

OTHER (Church Leader, Youth Organization Advisor, Coach, or Scouting, but not the Scout Leader Listed below)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_

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 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: \_\_\_\_\_

**Emergency Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_