

Summer Camp Staff Application

PERSONAL INFORMATION	
Name: _____	EMAIL: _____
Permanent Address: _____ from _____ to _____ number and street	
_____ City, State, Zip	
Phone - home _____	
- work _____	
Current Address: _____ from _____ to _____ number and street	
_____ City, State, Zip	
Phone - home _____	
- work _____	

Camp you are applying for: Rate preference 1 - 4 _____ Lazarus (Cub Resident), _____ Camp Falling Rock, _____ Chief Logan Reservation, _____ Camp Oyo
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POSITIONS FOR WHICH YOU ARE APPLYING		
indicate order of preference (1,2,3,etc.)		
Minimum age 21 (June 1st camp season)	Minimum age 18 (June 1st camp season)	Minimum age 15 (June 1st camp season)
____ Camp Director*	____ Dining Hall-Cook	____ Camp Clerk
____ Program Director*	____ Dining Hall-Steward	____ Dining Hall Staff
____ Head Commissioner*	____ Commissioner	____ Aquatics Staff
____ Operations Director*	____ Shooting Sports-Archery	____ Ecology/Conservation Staff
____ Dining Hall Manager	____ Lakefront Manager	____ First Class Emphasis Staff
____ Head Cook	____ Pool Manager	____ Handicraft Staff
____ Aquatics Director*	____ First Class Emphasis Director	____ Scoutcraft Staff
____ Pool Manager	____ Handicraft Director	____ Shooting Sports Staff
____ High Adventure Director*	____ Scoutcraft Director	____ First Aid Instructor
____ Shooting Sports Director*	____ Ecology/Conservation Director*	____ High Adventure Staff
____ Chaplain*	____ High Adventure Asst.	____ Commissioner Staff
____ Horseback Riding Director	____ Training Commissioner	____ Trading Post Staff
____ Health Officer**	____ Trading Post Asst.	____ Sub-camp Aide
____ Cope Director*	____ Operations/Trading Post Dir.	____ Sub-camp Assist. (16)
____ Climbing/Rappelling*	____ Web I Sub-camp	____ Other _____
____ Other _____	____ Web 2 Sub-camp	
	____ Wolf Sub-camp	
	____ Bear Sub-camp	
	____ Other _____	
* National Camping School Certification required. NOTE: Contact Camp Director for written job descriptions		
** Applicable license/certifications required.		

BACKGROUND	
Current Registration - Council _____ District _____ Troop/Crew _____	Related Experience-(explain) Use back if needed
Years in Scouting - Cub ___ Boy Scouts ___	
Years at a Summer Camp - _____	
Current Rank - _____	
Current Leadership Position _____	

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TRAINING AND SCOUTING EXPERIENCE

YOUTH

List BSA training completed as a youth.

National Camping School:

Section -

Expiration -

ADULT

List BSA training completed as an adult.

National Camping School:

Section -

Expiration -

SCOUTING EXPERIENCES (National, Council or District)

Philmont Northern Tier Sea Base

National Jamboree World Jamboree Other: _____

MERIT BADGES EARNED (use back of 2nd page if needed.)

PREVIOUS CAMP STAFF POSITIONS (include CIT training)

CURRENT CERTIFICATIONS (X applicable certifications)

Lifesaving Instructor, YMCA Water Safety Instructor, Red Cross Registered Nurse

BSA Lifeguard NRA Instructor's Certification LPN

Emergency Medical Technician Paramedic First Aid, Multimedia, Red Cross

First Aid, Advanced, Red Cross First Aid, Standard, Red Cross CPR Agency _____

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REFERENCES			
List 3 references whom we may contact that can attest to your character, ability and work ethic.			
Name _____	Street Address _____	City, State, Zip _____	Relationship/Title _____
Name _____	Street Address _____	City, State, Zip _____	Relationship/Title _____
Name _____	Street Address _____	City, State, Zip _____	Relationship/Title _____
First time applicants under 18, must obtain and submit Scoutmaster or Crew Advisor recommendation.			
SM/Advisor Name _____	Street Address _____	City, State, Zip _____	

In the space provided, explain why you want to work at summer camp and what you hope to gain.

<p>In making application, I understand camp employment is for the entire term of summer carr camp which includes staff week through the close of camp date on contract. Staff assignments are on a conditional basis. Permission is granted to contact all references and previous employers.</p>					
Applicant's Signature _____	Date _____	Parent/Guardian Permission _____ (If applicant is under 18)	Date _____	SM/Crew Advisor approval _____ (If applicant is under 18)	Date _____
<p>Return to: Simon Kenton Council Attn: Camping Division 1901 E. Dublin-Granville Rd. P.O. Box 29207 Columbus, OH 43229</p>					

For office use only.					
Interview: Date _____	Time _____	Program _____			
Salary _____	Contract mailed _____	Contract returned _____			
Tax forms _____	Notes _____				