

2009 CAMP STAFF APPLICATION

NAME: _____
Last First Middle

Date of application: _____

Great Rivers Council Boy Scouts of America

**Early application deadline
 December 31, 2008**

The minimum age requirement for paid camp staff is 15 years of age by the start of camp. Boy Scouts under the age of 18 will be given higher consideration if Eagle Scouts. Applicants must be registered members of the BSA, or agree to become registered before employment may be offered. The staff sets an example of the finest in Scouting, including the proper wear of the field uniform. Staff members agree to report on time for training and remain until the season ends. Staff members are expected to reside in housing provided by the council. If you need family housing, attach a separate note.

Review the list of jobs and program area assignments, and indicate your preferences on this application. References are important! First time applicants will be requested to have someone from the local community send a copy of the Camp Staff Reference Form to the council office before the interview is scheduled. Proof of citizenship will be required at time of employment.

All applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, veteran status or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned. The Great Rivers Council, BSA is an EQUAL OPPORTUNITY EMPLOYER.

POSITIONS AVAILABLE

BOY SCOUT STAFF POSITIONS (minimum age requirements)

- | | |
|------------------------------------|-------------------------------|
| Program Director (21) | Field Sports Director (21) |
| Business Manager (18) | Archery Counselor (18) |
| Camp Commissioner (18) | Outback Ranger Director (18) |
| Volunteer Commissioner (18) | Outback Ranger Counselor (16) |
| Outdoor Skills Director (18) | Trading Post Manager (18) |
| Brownsea Director (18) | Chaplain (21) |
| Ecology/Conservation Director (18) | Medical Officer (18) |
| Aquatics Director (21) | Program Area Staff (15) |
| COPE Director (21) | Counselor-in-Training (14) |
| COPE/Climbing Counselor (18) | |

CUB SCOUT STAFF POSITIONS (minimum age requirements)

- | | |
|-----------------------------|---|
| Program Director (21) | Chaplain (21) |
| Business Manager (18) | Medical Officer (18) |
| Trading Post Manager (18) | Program Area Staff (15) |
| Camp Commissioner (18) | (i.e. Aquatics, Field Sports, Nature, Crafts) |
| Volunteer Commissioner (18) | Field Sports Director (21) |
| Aquatics Director (21) | Counselor-in-Training (14) |

I am interested in the following:

POSITION/PROGRAM AREA

1ST choice : _____ 2ND choice: _____ 3RD choice : _____

OFFICE USE ONLY

HIRE _____ DO NOT HIRE _____ HOLD _____

RECEIVED:	CAMP:
POSITION:	BASE SALARY:
SPECIAL TERMS:	OTHER COMMENTS:

Great Rivers Council Boy Scouts of America

NAME:		
LAST	FIRST	MIDDLE
ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE #: ()	BUSINESS PHONE #: ()	CELL/OTHER PHONE #: ()
E-MAIL:		DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	DRIVERS LICENSE #:	STATE:
T-SHIRT SIZE:		

STAFF AVAILABILITY

It is most desirable that staff members be able to serve the entire camping season. However, it is possible that some staff assignments can be part time.

Boy Scout Camp (Hohn)

Staff Week June 5-13	Session 1 June 14-20	Session 2 June 21-27
Family Camp June 27-28	Session 3 June 28 - July 4	Session 4 July 5-11
Venturing/Exploring July 12-18		

Cub Scout Camp (T-Bird?)

Staff Week June 13-19	Camp in Session June 20-30	Break July 1-4
Camp in Session July 5-12	Break July 12-17	Camp in Session July 17-26

I AM AVAILABLE FOR THE ENTIRE CAMPING SEASON: YES ____ NO ____

IF NO, I AM UNAVAILABLE THE FOLLOWING DATE(S): _____

CAMP LOCATION PREFERENCE:

____ Hohn Scout Reservation 

____ Camp Thunderbird 

SCOUT EXPERIENCE

# OF YEARS IN SCOUTING:	RANK:	DISTRICT:
COUNCIL:	LEADERSHIP POSITIONS:	
CURRENT SCOUTING REGISTRATION: UNIT #: OR DISTRICT/COUNCIL	POSITION:	

LONG TERM CAMP EXPERIENCE

CAMP:	YEARS:
CAMP:	YEARS:
CAMP:	YEARS:
HIGH ADVENTURE BASE:	YEARS:
JAMBOREE:	YEARS:

CAMP STAFF CAMP EXPERIENCE

POSITION:	CAMP:	YEAR:
POSITION:	CAMP:	YEAR:
POSITION:	CAMP:	YEAR:
POSITION:	CAMP:	YEAR:

ORDER OF THE ARROW



_____ ORDEAL _____ BROTHERHOOD _____ VIGIL

OTHER OA HONORS: _____

SONS OF DANIEL BOONE



_____ YES _____ NO _____ LEVEL

INDUCTION YEAR: _____ 2006 _____ 2007 _____ 2008

SCOUT SKILLS

Indicate your experience and skills for any areas shown below.

USE THE FOLLOWING RATING SCALE:

- (1) Have experience as participant or have Merit Badge
- (2) Have significant training and knowledge/experience
- (3) Have taught and have extensive experience and knowledge

- | | | |
|---|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> First Aid | <input type="checkbox"/> Orienteering |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fish & Wildlife Mgmt. | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Fishing | <input type="checkbox"/> Pioneering |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> Project COPE |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Forestry | <input type="checkbox"/> Reptile & Amphibian Study |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Geology | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Bugling | <input type="checkbox"/> Golf | <input type="checkbox"/> Rifle Shooting |
| <input type="checkbox"/> Camping | <input type="checkbox"/> GPS | <input type="checkbox"/> Salesmanship |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Small Boat Sailing |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Cinematography | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Shotgun Shooting |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Journalism | <input type="checkbox"/> Soil & Water Conservation |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Leatherworking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Mammal Study | <input type="checkbox"/> Water Safety Instructor |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Motorboating | <input type="checkbox"/> Wilderness Survival |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Muzzleloading/black powder | <input type="checkbox"/> Woodcarving |
| <input type="checkbox"/> Fingerprinting | <input type="checkbox"/> Nature | <input type="checkbox"/> Woodworking |

ADDITIONAL EXPERIENCE & TRAINING

NATIONAL BSA CAMP SCHOOL:	WOOD BADGE:
BSA/RED CROSS LIFEGUARD:	C.P.R./FIRST AID TRAINING/FIRST RESPONDER:
NRA INSTRUCTOR:	NYLT/SILVER BARS:
PROJECT C.O.P.E.:	HUNTER SAFETY:
EAGLE SCOUT:	OTHER:

EDUCATIONAL BACKGROUND

HIGHSCHOOL:	DATES: FROM TO	GRADUATED: YES NO	MAJOR:
COLLEGE:	DATES: FROM TO	GRADUATED: YES NO	MAJOR:
TECHNICAL/VOCATIONAL:	DATES: FROM TO	GRADUATED: YES NO	MAJOR:

SCHOLASTIC HONORS:
ATHLETICS:
ACTIVITIES:

EMPLOYMENT HISTORY

Start with most recent or last job.

EMPLOYER:	DATES EMPLOYED:	LIST JOB RESPONSIBILITIES AND WORK PREFORMED:
ADDRESS:	FROM TO	
JOB TITLE:	DEPARTMENT:	
IMMEDIATE SUPERVISOR & TITLE:		
REASON FOR LEAVING:		MAY WE CONTACT: YES NO

EMPLOYER:	DATES EMPLOYED:	LIST JOB RESPONSIBILITIES AND WORK PREFORMED:
ADDRESS:	FROM TO	
JOB TITLE:	DEPARTMENT:	
IMMEDIATE SUPERVISOR & TITLE:		
REASON FOR LEAVING:		MAY WE CONTACT: YES NO

EMPLOYER:	DATES EMPLOYED:	LIST JOB RESPONSIBILITIES AND WORK PREFORMED:
ADDRESS:	FROM TO	
JOB TITLE:	DEPARTMENT:	
IMMEDIATE SUPERVISOR & TITLE:		
REASON FOR LEAVING:		MAY WE CONTACT: YES NO

HAVE YOU EVER BEEN DISCHARGED OR BEEN ASKED TO RESIGN FROM A JOB? YES NO

IF YES, WHY? _____

ADDITIONAL INFORMATION

	YES	NO
HAVE YOU EVER USED ILLEGAL DRUGS?	___	___
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	___	___
HAVE YOU EVER BEEN CHARGED WITH CHILD NEGLECT OR ABUSE?	___	___
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	___	___

REFERENCES

List those individuals from your community, other than relatives, who have knowledge of your character, experience, and ability. Have your references complete the CAMP STAFF REFERENCE FORM and return them directly to the council office. If you are under 18 years of age, you must have one completed by your Unit Leader.

NAME:	ADDRESS:	PHONE: ()
RELATIONSHIP:		HOW LONG HAVE YOU KNOWN THE REFERENCE:

NAME:	ADDRESS:	PHONE: ()
RELATIONSHIP:		HOW LONG HAVE YOU KNOWN THE REFERENCE:

NAME:	ADDRESS:	PHONE: ()
RELATIONSHIP:		HOW LONG HAVE YOU KNOWN THE REFERENCE:

WHY I WISH TO BE A MEMBER OF THE GRC CAMP STAFF?

READ AND SIGN BELOW

I hereby make application for summer employment with the Great Rivers Council, and in accordance with the principles of the Boy Scouts of America, I promise to subscribe to the Scout Oath or Promise, Law, and Declaration of Religious Principle. I agree to cooperate fully with the policies, program, and management of the Great Rivers Council. I further agree to submit a completed and current Health and Medical Record upon my arrival, if selected. I understand that a personal interview may be required before employment will be granted. I understand that completing the application does not guarantee employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all my previous employers, schools, and all other references to furnish the information requested. I give permission for the Great Rivers Council to conduct a background check. I hereby declare that the information provided by me in this application for employment is accurate and complete to the best of my knowledge. I understand that employment is at the will of the Great Rivers Council and any falsification or misrepresentation in this application is cause for discharge.

Applicant's Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Unit Leader's Signature (if under 18) _____ Date _____

Mail Completed Application to:
 Great Rivers Council, BSA
 Attn: Camp Director
 1203 Fay Street
 Columbia, MO 65201

CAMP STAFF REFERENCE FORM

NOTE TO APPLICANT — Please fill in your name and give this form to the **three references you have listed on the back of your application. Please provide a self-addressed stamped envelope returning this form to the Council Service Center.*

_____ is applying for a seasonal position on the camp staff with the Great Rivers Council. Staff is responsible for providing quality program to Boy Scouts and adult leaders. We would greatly appreciate your evaluation of this applicant. Please complete this form at your earliest convenience and return to: Great Rivers Council, 1203 Fay Street, Columbia, MO 65201. All information will be kept confidential.

How long have you known this applicant? Years _____ Months _____
 In what capacity do you know the applicant? _____

Your comments are of the utmost importance as we select staff for the upcoming camping season. Please circle the phrase the best describes this applicant.

APPEARANCE (grooming, dress)	Flawless	Well-Groomed	Generally Neat	Slovenly
DEPENDABILITY	Exceptional	Dependable	Requires Supervision	Irresponsible
INITIATIVE	Resourceful/Self Motivated	Industrious	Has Necessary Drive	Indifferent
PERSONALITY	Bland	Pleasing	Outgoing	Magnetic
COOPERATION WITH PEERS	Inspires Confidence	Cooperates Willingly	Usually Cooperative	Obstructionist
LEADERSHIP	Inspirational	Able to Take Charge	Good Team Member	Incapable of Leading
ATTITUDE	Always Enthusiastic	Positive	Generally Acceptable	Negative
COMMON SENSE	Always Uses Sound Judgment	Usually Sound	Needs Experience	Lacking
ORAL COMMUNICATIONS	Eloquent	Excellent Grammar	Satisfactory	Limited
INTEGRITY	Always Trustworthy	Generally Reliable	Sometimes Lacking	Can't Be Trusted

What, in your estimation, is this person's greatest ability? _____

What, in your estimation, might be this person's weakness? _____

Do you know of any reason this applicant could not serve in a camp leadership role? Yes _____
 No _____

RECOMMENDATION: _____ Highly recommend employment
 _____ Recommend employment
 _____ Do not recommend employment

Please put any additional comments on the reverse side.

NAME: _____ Signature: _____

Please print
 Phone: _____ Date _____

Please print legibly!