

ADULT STAFF APPLICATION

FOR VOLUNTARY STAFF POSITION

NAME _____ HOME PHONE _____
(PLEASE PRINT)

ADDRESS _____ WORK PHONE _____
CITY _____ STATE _____ ZIP CODE _____
BIRTHDATE _____ SOCIAL SECURITY NUMBER ____/____/____
T-SHIRT SIZE: ADULT __M__L__XL__XXL

CHECK ANY OF THE FOLLOWING CERTIFICATES THAT APPLY TO YOU:

- RED CROSS FIRST AID
- NRA INSTRUCTOR
- CUB SCOUT WOOD BADGE
- RN
- LPN
- YOUTH PROTECTION, EXP. DATE _____
- BSA CAMP SCHOOL _____ SECTION
- AQUATICS WSI, YMCA
- BSA LIFEGUARD
- CPR TRAINED, EXP. DATE _____

HAVE YOU WORKED ON ANY CAMP STAFF BEFORE? __YES__ NO, IF YES,
LIST JOB PERFORMANCE AND WHICH CAMP WITH THE YEAR

WHERE WERE YOU REGISTERED IN SCOUTING? COMPLETE THE
FOLLOWING:

PACK/TROOP/POST _____, REGISTERED POSITION _____

LIST YOUR EXPERIENCE, TRAINING AND SKILLS OF VALUE AS A CAMP
STAFF MEMBER: _____

PLEASE CHECK PROGRAM AREAS IN WHICH YOU HAVE ABILITY AND ARE
WILLING TO WORK:

- BB GUNS
- ARCHERY
- CRAFTS
- FISHING
- CAMPFIRE PROGRAM
- OTHER _____
- AQUATICS
- FITNESS
- NATURE
- FIRST AID
- LEATHER CRAFT
- SPORTS & GAMES
- FOOD PREPARATION
- FOOD SERVING
- CAMPING SKILLS
- CEREMONIES
- SONGS
- CHEERS
- BOATING

REFERENCES

PLEASE LIST THREE (3) REFERENCES COMPLETE WITH NAME, ADDRESS AND PHONE NUMBER.

STAFF MEMBERS MUST BE REGISTERED MEMBERS OF THE BOY SCOUTS OF AMERICA. STAFF MEMBERS MUST SUPPLY THEIR OWN TRANSPORTATION TO AND FROM CAMP. I UNDERSTAND THAT THIS IS AN APPLICATION ONLY AND DOES NOT GUARANTEE A STAFF POSITION AT CAMP. I FURTHER UNDERSTAND THAT ALL POSITIONS ARE VOLUNTARY AND NON-SALARIED. I AGREE TO ABIDE BY ALL RULES OF CAMP AND OF TALL PINE COUNCIL. I HAVE NOT BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION. THE INFORMATION THAT I HAVE PROVIDED MAY BE VERIFIED, IF NECESSARY, BY CONTACTING PERSONS OR ORGANIZATIONS NAMED IN THIS APPLICATION, OR BY CONTACTING ANY PERSON OR ORGANIZATION THAT MAY HAVE INFORMATION CONCERNING ME. I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY ANY PERSON OR ORGANIZATION THAT PROVIDES INFORMATION. I ALSO AGREE TO HOLD HARMLESS THE CHARTERED ORGANIZATION, LOCAL COUNCIL, BOY SCOUTS OF AMERICA, AND THE OFFICERS, EMPLOYEES AND THE VOLUNTEERS THEREOF. IN SIGNING THIS APPLICATION, I AFFIRM THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

SIGNED: _____
RETURN THIS COMPLETED FORM TO THE CAMP DIRECTOR.

CHECK WHICH CAMPS YOUR APPLICATION IS FOR-

- | | |
|--|--|
| <input type="checkbox"/> DAD & LAD 1 | <input type="checkbox"/> MOM & ME |
| <input type="checkbox"/> DAD & LAD 2 | <input type="checkbox"/> CUB WORLD – CUB SCOUT |
| <input type="checkbox"/> TPC FAMILY CAMP | <input type="checkbox"/> CUB WORLD - WEBELOS |

COUNCIL APPROVAL: _____