

4930 Enterprise Boulevard, NW, Warren, Ohio 44481 Telephone: (330) 898-8474 Fax: (330) 898-8476 Web Page: www.bsa-gwrc.org

2014 RESIDENT CAMP STAFF APPLICATION

It is the goal of the Greater Western Reserve Council to provide those who attend our camps with an unparalleled camping experience. We are seeking dedicated people willing to serve the youth of our communities by joining one of this year's summer camp staff(s).

The standards of the Scout Oat and Law will serve as a guide for all staff conduct. The use of alcohol or illegal drugs will not be tolerated during the period of service on staff. The use of tobacco (by adults) is restricted to areas where employees are not in contact with Scouts or their leaders. The staff will set an example of excellence in Scouting which includes the proper wearing of the full uniform and the proper use of equipment while in camp.

All summer program staff, paid or volunteer, are required to provide the camp, upon their arrival, with a current health History and the results of an up-to-date physical examination per current BSA policy. The Federal Immigration and Control Act (enacted on November 6, 1986) required all employers to verify that each applicant is legally authorized to work in the United States. You will be required to provide documents to verify your eligibility as required by this law.

Mail this completed application to:

CAMP DIRECTOR
GREATER WESTERN RESERVE COUNCIL, BSA
4930 Enterprise Blvd, NW
Warren, OH 44481

Name						
Street Address						
City/State/Zip						
Phone: Daytime ()	Evening ()					
Cell		Date of Birth				
E-mail	Driver's License State/ Number					
Currently registered in the BSA	Yes	No				
Council		Circle One	Troop	Crew	No.	
Scouting Record:						
ank		Order of the Arrow Member?				
Leadership positions held						
Scout Masters Approval			Date			

EDUCATION Name/Location Yrs Attended Major Graduate(Y/N) Date Junior High High School College Other Extra-Curricular Activities **EMPLOYMENT** (List current or most recent employer first) Company Name Supervisor's Name Mailing Address Telephone **PERSONAL DATA** Experience with other youth organizations, clubs, events, etc. outside of Scouting ______ Have you ever been convicted of a crime other than a minor traffic violation? _____Yes_____ No If yes, please explain _____ Do you have physical or mental disabilities which would limit your ability to pursue strenuous physical activity while in camp? _____Yes _____No If yes, please explain _____ **CERTIFICATIONS HELD** CPR Yes ____No Certifying Agency ____ Expiration Date ____Yes ____No Certifying Agency _____ Expiration Date _____ First Aid BSA National Camp School Certifications (indicate the year your certificate expires next to those certifications you hold) _____ Aquatics Director _____ Chaplain _____ Day Camp Program Director BS Camp Management Ecology Director Family Camp Admin _____ CS Resident Camp Prog Director _____ Day Camp Director _____ BS Camp Prog Director _____ COPE Director CS Resident Camp Management _____ Outdoor Adventure Director Commissioner _____ Shooting sports Director **REFERENCES** List no more than one from each of the following categories: Scoutmaster, High School/College Instructors, Coaches, Church/Religious Leaders, Community Leaders, Local government Officials, BSA Council/District Committee Members, Professional Scouters. Name Telephone Number