

CAMP BUFFALO SUMMER CAMP STAFF APPLICATION (NEW STAFF)
Sagamore Council, Boy Scouts of America

It is the goal of the Sagamore Council to provide those who attend our summer camps with an outstanding camping experience. We are seeking dedicated people willing to serve the youth of our communities by joining our summer camp staff.

The standards of the Scout Oath 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 camp 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, along with this application per current BSA policy. The Federal immigration and Control Act [enacted on November 6, 1986] requires all employees to verify that each applicant is legally authorized to work in the United States of America. You will be required to provide documents to verify your eligibility as required by this law. Before submitting this application, please make sure you have completed all blanks on each page. Applicants must be registered members of the Boy Scouts of America or agree to become registered members before employment occurs. References are important!

Please fill out and return to: **Pat Harding, 524 N. Sharon Chapel Road, West Lafayette, IN 47906**
or **Sagamore Council, BSA; PO BOX 865; Kokomo, IN 46903-0865; Attn: Pat Harding**

General Information

Please PRINT

Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Phone: Home (_____) _____ Cell (_____) _____

E-Mail _____

Currently registered in the BSA? **Yes** **No** With: Troop Crew Pack No. _____

Council _____ District _____

Adult T-Shirt Size (circle one) **SM M LG XL 2XL 3XL**

Employment Information

(current or most recent employer first)

Company Name Supervisor's Name Mailing Address Telephone

_____ (_____) _____

_____ (_____) _____

_____ (_____) _____

May we contact your previous/current employer? **Yes** **No**

Education

High School (Name, City) _____ (GPA) _____

College (Name, City) _____ (GPA) _____ (Major) _____ (Degree) Yes No

Extra-Curricular Activities _____

Personal Information

Do you have experience with other youth organizations, clubs, events, etc. outside of Scouting Yes No

If yes, please list: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain: _____

Do you have a physical or mental disability which would limit your ability to participate in strenuous physical activity while in camp? Yes No If yes, please explain: _____

Scouting Background

Boy Scout Record: Unit No. _____ Years Registered as a Scout: _____ Highest Rank: _____

Order of the Arrow Member: Yes No Trailblazer Member: Yes No Total Nights of Camping _____

Number of Years as a Summer Camp Camper _____ NYLT, list dates: _____

High Adventure Trips, list location: _____

National Jamboree, list dates _____

Leadership Positions Held: _____

Awards Earned: Snorkeling Mile Swim Kayaking Board Sailing BSA Lifeguard Paul Bunyan Environmental Patch

BSA Lifeguard Counselor Totin' Chip Firem'n Chit 50-Miler Hornaday World Conservation Leave No Trace

Religious Award: (Specify which one) _____

If you are not an Eagle Scout, what Merit Badges do you need to obtain that rank? _____

Venturing Record: Unit No. _____ Years Registered: _____ Highest Advancement Award: _____

Leadership Positions Held: President Vice President Secretary Treasurer _____

Adult Record: Cub Scouts: ADULT: Den Leader Webelos Leader Tiger Leader Cubmaster Assistant Cubmaster

Committee Chair Committee Member Charter Representative

Boy Scouts: Scoutmaster Assistant Scoutmaster Committee Chair Committee Member Charter Representative

Crew: Crew Advisor Associate Crew Advisor Committee Chair Committee Member Charter Representative

District _____ Council _____

Certifications Held

CPR **Yes** **No** Certifying Agency _____ Expiration Date _____

First Aid **Yes** **No** Certifying Agency _____ Expiration Date _____

BSA National Camp School (Indicate the year your certificate expires next to those certifications you hold.)

____ Aquatics ____ Commissioner ____ Chaplain ____ COPE ____ Camp Management

____ Program Director ____ Ecology-Conservation ____ Outdoor Skills ____ Climbing

____ Shooting Sports ____ Ranger _____

Camp Background

Have you worked at a Boy Scout Summer Camp previously? **Yes** **No** How many years? _____

Have you worked at a Camp Buffalo previously? **Yes** **No** How many years? _____

Have you worked at a non-Scouting Summer Camp previously? **Yes** **No** How many years? _____

Where: _____

Skill Areas

Please indicate the knowledge you have in each area.

1 = Expert, 2 = Have Knowledge, 3 = Have Little Knowledge, 4 = Have No Knowledge

____ Archery ____ Rifle ____ Shotgun ____ Muzzleloading

____ Campfires ____ Fishing ____ Rowing ____ Canoeing

____ Kayaking ____ Nature ____ Forestry ____ Conservation

____ Cooking ____ Orienteering ____ Scoutcraft ____ Pioneering

____ First Aid ____ Song Leading ____ Art ____ Leather

____ Metalwork ____ Cycling ____ Lifesaving ____ Swimming (Pool)

____ Journalism ____ Photography ____ Citizenship ____ Indian Lore

Why do you want to work at camp?

Positions

Indicate 1st choices by 1, 2nd choices by 2, etc.

Minimum age for paid staff is 15 years of age, additionally ages in parentheses.

- | | |
|--|---------------------------------------|
| _____ Camp Director (21) | _____ Program Director (21) |
| _____ Business Manager | _____ Health Officer (21) |
| _____ Aquatics Director (21) | _____ Assistant Aquatic Director (18) |
| _____ Camp Cook (21) | _____ Assistant Cook (18) |
| _____ Kitchen Staff (18) | _____ Ecology Director (18) |
| _____ Head Commissioner (18) | _____ Commissioner (18) |
| _____ Adventure Out Director (18) | _____ Archery Instructor (18) |
| _____ Shooting Sports Director (21) | _____ Handicraft Director (18) |
| _____ Trading Post Clerk | _____ Assistant Ranger (18) |
| _____ Scoutcraft Director (18) | _____ OA Coordinator |
| _____ Trailblazer Coordinator (secondary role) | _____ Lifeguard |
| _____ Chaplain (18) | _____ Counselor In Training (14) * |
| _____ Program Counselor (MB Instructors) * (Shooting Sports, Pond, Pool, Outdoor Skills, Handicraft, Ecology, Eagle Quest) | |

* Indicate top four program areas you wish to work, in order:

1. _____ 2. _____
3. _____ 4. _____

ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON.

Dates for the camping season are as follows: Staff reports on Sunday, June 10th, 2012 by 3pm and work through July 21st, 2012.

All Staff Members will be expected to remain in Camp weekly from 11 am on Sunday until 12 noon on Saturday. Each week staff will have a period of time off from Saturday at 12 noon through Sunday at 11 am.

Staff is expected to reside in housing at Camp. Management reserves the right to enter staff quarters for inspection, at its discretion. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Law, and Declaration of Religious Principles. I agree to be loyal to and cooperate fully with all BSA policies, program, and management, including those described in this application. I further agree to submit a complete Health and Medical record upon arrival at Camp, if selected. I understand that a personal interview may be required before employment will be granted.

The information that I have provided may be verified, 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 persons 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 volunteers thereof.

Signature of Applicant _____ Date _____

Signature of Parent (If Under 18) _____ Date _____

Scoutmaster Approval (If Under 18) _____ Date _____

REFERENCES

List no more than one from each of the following categories: Scout Leader, High School or College Instructor, Coach, Religious Leader, Community Leader, Local Government Officer, BSA Council or District Committee Member.

Name	Relationship	Telephone Number
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____