

California Inland Empire Council, BSA
 PO Box 8910/1230 Indiana Court
 Redlands, CA 92375-2110
 909-793-2463/fax 909-793-0306



Check camp applying to:
 Camp Emerson Boy Scout Camp
 Wiley Cub Scout Camp

Today's Date: _____

2017 Application for Seasonal Summer Camp Staff

Please Print Clearly in Ink

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Street
City
State
Zip

E-Mail Address: _____

Will be available for employment (give exact dates): From: _____ To: _____

POSITION BEING APPLIED FOR

Please indicate your top three preferences. If hired, camp management reserves the right to re-assign staff.
 (Minimum age listed – by checking a position you are acknowledging that you are at least that age)

- | | | | |
|--|------|---|------|
| <input type="checkbox"/> Camp Director | (25) | <input type="checkbox"/> Nature Director | (18) |
| <input type="checkbox"/> Program Director | (21) | <input type="checkbox"/> Nature Instructor | (15) |
| <input type="checkbox"/> Aquatics Director | (21) | <input type="checkbox"/> Office Assistant | (18) |
| <input type="checkbox"/> Aquatics Instructor | (15) | <input type="checkbox"/> Outdoor Skills Director | (18) |
| <input type="checkbox"/> Archery Director | (18) | <input type="checkbox"/> Outdoor Skills Instructor | (15) |
| <input type="checkbox"/> Archery Instructor | (16) | <input type="checkbox"/> Shooting Sports Instructor | (21) |
| <input type="checkbox"/> Assistant Ranger | (18) | <input type="checkbox"/> Shooting Sports Director | (21) |
| <input type="checkbox"/> BB Instructor -Wiley | (16) | <input type="checkbox"/> Sports Director - Wiley | (18) |
| <input type="checkbox"/> Commissioner | (21) | <input type="checkbox"/> Sports Instructor - Wiley | (15) |
| <input type="checkbox"/> Trading Post Director | (21) | <input type="checkbox"/> STEM Director | (18) |
| <input type="checkbox"/> E-Team Director | (21) | <input type="checkbox"/> STEM Instructor | (16) |
| <input type="checkbox"/> E-Team Instructor | (18) | <input type="checkbox"/> Theme Director - Wiley | (18) |
| <input type="checkbox"/> E-Tm Mountain Bike Leader | (18) | <input type="checkbox"/> Theme Instructor - Wiley | (15) |
| <input type="checkbox"/> Handicraft Director | (18) | <input type="checkbox"/> Trading Post Clerk | (18) |
| <input type="checkbox"/> Handicraft Instructor | (15) | <input type="checkbox"/> Health Officer – EMT | (18) |

CERTIFICATION

Do you have:	YES	NO	Expiration Date
1. A BSA National Camping School Certificate? Which Course? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. An American Red Cross Water Safety Instructor's Certificate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Other Aquatic or Lifesaving Training: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. NRA Rifle/Pistol/Shotgun/MLR Instructor and/or RSO Certificate? CIEC BB Range Master? (Circle appropriate instructor certificates)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. USAA/NFAA Level 1 / 2?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Standard First Aid Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Advanced First Aid/EMT Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. CPR/AED Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____

CAMP EXPERIENCE

1. As a Scout:

Camp

LocationDates

3. As a Scout Staff Member:

Camp

LocationDates

2. Adult Scouting:

Camp

LocationDates

4. Non-Scout Camps Attended:

Camp

LocationDates

SCOUTING EXPERIENCE

1. Are you currently registered in Scouting? Yes No

If registered, list position(s) held: _____

Unit number: _____

Council registered in: _____

3. Youth Scouting Experience:

_____ Years in Cub Scouts

_____ Years in Boy Scouts

_____ Years in Venturing or Exploring

Highest Scout Rank: _____

2. Past Adult Scouting Registration:

Position

Council

Year

4. Are you a member of the Order of the Arrow?

Yes

No

Ordeal

Brotherhood Vigil

5. BSA Training

Cub Scout Leader Basic Training

Boy Scout Leader Basic Training

Wood Badge Training

BSA Youth Protection Training

EDUCATION

Highest grade completed: _____

School: _____

Major: _____

Other: _____

OTHER RELATED EXPERIENCE/QUALIFICATIONS

Sports: _____

Musical: _____

Hobbies: _____

Talents: _____

Clubs/Associations: _____

Awards: _____

Other: _____

EMPLOYMENT EXPERIENCE AND REFERENCE – OTHER THAN BOSEKER SCOUT RESERVATION

(List most recent)

Employer/Position	Address	Phone #	From	To
		()		
		()		
		()		

PERSONAL REFERENCES

(List at least three)

Reference	Address	Phone #	How long known?

Are you permitted to become lawfully employed in the United States?
(Proof of citizenship or immigration status is required upon employment – Form I-9)

Yes

No

ADDITIONAL INFORMATION

	YES	NO
1. Do you use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a criminal offense? (If yes, please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been charged with child neglect or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)	<input type="checkbox"/>	<input type="checkbox"/>

CAREFULLY READ THE FOLLOWING STATEMENTS BEFORE SIGNING

I, the undersigned, understand that:

- A. If employed on the Council Camp Staff, I will be required to become registered as a member of the Boy Scouts of America, and to have a current (within one year) medical examination. A criminal background check is conducted on all adult registrants.
- B. The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Boy Scouts of America or the California Inland Empire Council, Inc.
- C. Rules for acceptance and participation in the camp program and staff are the same for everyone without regard to race, color, national origin, age, sex or handicap. The California Inland Empire Council is an Equal Opportunity Employer.
- D. In signing this application, I affirm that the information that I have given herein is true and correct.

Applicant's Signature: _____ Date: _____

Signature of parent or guardian (if under age 18) _____ Date: _____