

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: \_\_\_\_\_

## 2018 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"/> Health Officer (EMT+)     | (18) | <input type="checkbox"/> Trail to First Class Director   | (18) |
| <input type="checkbox"/> Commissioner              | (21) | <input type="checkbox"/> Trail to First Class Instructor | (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"/> COPE Director                   | (21) |
| <input type="checkbox"/> E-Tm Mountain Bike Leader | (18) | <input type="checkbox"/> COPE Instructor                 | (15) |
| <input type="checkbox"/> Handicraft Director       | (18) | <input type="checkbox"/> Trading Post Clerk              | (18) |
| <input type="checkbox"/> Handicraft Instructor     | (15) | <input type="checkbox"/> TREK Instructor                 | (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

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3. As a Scout Staff Member:

Camp

LocationDates

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2. Adult Scouting:

Camp

LocationDates

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4. Non-Scout Camps Attended:

Camp

LocationDates

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## 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

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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

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## EDUCATION

Highest grade completed: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Other: \_\_\_\_\_

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## OTHER RELATED EXPERIENCE/QUALIFICATIONS

Sports: \_\_\_\_\_

Musical: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Talents: \_\_\_\_\_

Clubs/Associations: \_\_\_\_\_

Awards: \_\_\_\_\_

Other: \_\_\_\_\_

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## 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: \_\_\_\_\_

Please return this form to **Tucker Adams** at [Tucker.Adams@scouting.org](mailto:Tucker.Adams@scouting.org) or by mail to the Jack Dembo Scout Center at the address on the first page of this form.