

REFERENCES: MUST HAVE NAMES, COMPLETE ADDRESS AND TELEPHONE # OF 3 REFERENCES

1. _____
2. _____
3. _____

SALARY REQUESTED: (Please be frank and reasonable) _____

TEE SHIRT SIZE _____

BACKGROUND: Have you ever been charged of any of the following:

Felony Yes No Sexual Abuse Yes No Child Abuse Yes No Misdemeanor Yes No

THE BOY SCOUTS OF AMERICA DO NOT PERMIT SMOKING OR USE OF ANY TOBACCO PRODUCTS, ALCOHOL OR ILLEGAL SUBSTANCES ON LOCAL COUNCIL PROPERTIES. BY SIGNING THIS APPLICATION, YOU AGREE TO ABIDE BY THESE GUIDELINES. ALL APPLICANTS ARE RESPONSIBLE TO FIND THEIR OWN MEANS OF TRANSPORTATION TO AND FROM CAMP EACH DAY.

SIGNATURE: _____ **DATE:** _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENTAL SIGNATURE OF APPROVAL IS REQUIRED.

PARENT'S SIGNATURE: _____ **DATE:** _____

All staff members will be required to provide a complete ANNUAL HEALTH and MEDICAL RECORD (form 34605) prior to the start of staff training.

DO NOT WRITE BELOW THIS LINE

Reviewed by _____ Camp(s) Hired For _____

Position hired for _____ Dates _____

Salary _____ Applicant will attend national camp school Yes No