



CUB SCOUT AND OTHER SUMMER CAMPS STAFF APPLICATION

Basic Information			
Name		T-Shirt Size	Date of Birth
Address		City	State Zip Code
Phone	Alt Phone	Email	
Education (Highest level completed)	School Name	Location	Date of Graduation
Background: Have you ever been convicted of the following:			
Felony: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sexual Abuse: Yes <input type="checkbox"/> No <input type="checkbox"/>	Child Abuse: Yes <input type="checkbox"/> No <input type="checkbox"/> Misdemeanor: Yes <input type="checkbox"/> No <input type="checkbox"/>

Scouting Experience				
Current Unit		District/Council		
Current Positions				
	Cub Scout	Boy Scout	Venturing	Adult Leader
Length of Time As				
Highest Rank Earned				

Camp Staff Experience			
Camp	Location	Position Held	Dates
Camp	Location	Position Held	Dates
Camp	Location	Position Held	Dates
Please attach a copy of all current certifications for National Camping School, First Aid, CPR, Lifeguard, e.t.c to this application			

Previous Employment			
Please include complete names, addresses and telephone numbers of current and previous employers			
Company	Address		Phone
Position	Position Description	Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Company	Address		Phone
Position	Position Description	Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Company	Address		Phone
Position	Position Description	Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please complete all information on both sides of this form before submitting to the:
Longhouse Council Service Center - 2803 Brewerton Rd, Syracuse, NY 13211 - (315) 463-0201



**CUB SCOUT AND OTHER SUMMER CAMPS
STAFF APPLICATION**

Camp Sessions

Please select camp sessions for which you are applying

Day Camp Sessions	Camp Location	Dates	Applying	Resident Camp Sessions	Camp Location	Dates	Applying
	Ontario Twilight	7/30-8/2	<input type="checkbox"/>		History Hysteria	7/13-7/15	<input type="checkbox"/>
	Cayuga Day Camp Week 1	7/16-7/20	<input type="checkbox"/>		Fall Spooktacular	10/12-10/14	<input type="checkbox"/>
	Cayuga Day Camp Week 2	7/23-7/27	<input type="checkbox"/>		NYLT	8/5-8/10	<input type="checkbox"/>
	St. Lawrence Day Camp	8/7-8/10	<input type="checkbox"/>				
	Tri-Rivers Twilight Camp	7/9-7/12	<input type="checkbox"/>				
	Boy Scout Day Camp Wk 1	8/20-8/24	<input type="checkbox"/>				

Available Positions

Please select top three desired positions

Day Camp Positions	Position	Age Req.	Applying	Resident Camp Positions	Position	Age Req.	Applying
	Camp Director*	21	<input type="checkbox"/>		Camp Director*	21	<input type="checkbox"/>
	Program Director*	21	<input type="checkbox"/>		Program Director*	21	<input type="checkbox"/>
	Waterfront Director*	21	<input type="checkbox"/>		Waterfront Director*	21	<input type="checkbox"/>
	Archery Director	21	<input type="checkbox"/>		Archery Director	21	<input type="checkbox"/>
	BB Gun Director	21	<input type="checkbox"/>		BB Gun Director	21	<input type="checkbox"/>
	Health Director	21	<input type="checkbox"/>		Health Director	21	<input type="checkbox"/>
	Trading Post Manager	18	<input type="checkbox"/>		Trading Post Manager	18	<input type="checkbox"/>
	Program Area Director	18	<input type="checkbox"/>		Program Area Director	18	<input type="checkbox"/>
	Lifeguard	17	<input type="checkbox"/>		Lifeguard	17	<input type="checkbox"/>
	Program Assistant	15	<input type="checkbox"/>		Program Assistant	15	<input type="checkbox"/>
	Den Leader	15	<input type="checkbox"/>		Den Leader	15	<input type="checkbox"/>
	Den Guide	12	<input type="checkbox"/>		Den Guide	12	<input type="checkbox"/>
	Merit Badge Counselor	18	<input type="checkbox"/>		Merit Badge Counselor	18	<input type="checkbox"/>
	STEM NOVA Counselor	21	<input type="checkbox"/>				

*Additional training at National Camping School required

References

Please include complete names, addresses and telephone numbers of three references

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

The Boy Scouts of America does not permit smoking or use of any tobacco products, alcohol, or illegal substance on council properties. By signing this application, you agree to abide by these guidelines. All applicants are responsible for finding transportation to and from camps each day. All staff members are required to be registered members of the BSA and complete an Annual Health and Medical Record.

Applicants Signature

Required	Date
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Parental Signature

Required if applicant is under 18	Date
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