

# 2011 SUMMER CAMP STAFF / COUNSELOR IN TRAINING APPLICATION

\*\*\*Please complete all sections\*\*\* Date of Application \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. City State/Zip

Daytime Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you 18 years of age or older  Yes  No, If no please fill in your age here: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

## CAMP APPLYING FOR (check box)

### ALPINE SCOUT CAMP

John E. Reeves Cub World

### TEN MILE RIVER SCOUT CAMPS

TMR Headquarters  
 High Adventure  
 Family Camp

### WILLIAM H. POUCH SCOUT CAMP

Pouch Day Camp

Camp Keowa  
 Camp Aquehonga  
 Camp Ranachqua

## POSITION APPLYING FOR (see page 2)

First Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_ Fourth Choice: \_\_\_\_\_

**Age 15: Counselor in Training only** – This is a program to familiarize a CIT with different programs areas of camp. Each CIT will experience different areas of Camp.  
Must be 15 years old by July 1

## PREVIOUS SCOUTING/CAMP EXPERIENCE

All Staff must be registered with the Boy Scouts of America – Please include an application if not currently registered.

**CURRENT SCOUTING REGISTRATION:** Unit Type & #: \_\_\_\_\_ Council: \_\_\_\_\_ Position/Rank: \_\_\_\_\_ Expiration: \_\_\_\_\_

Number of years in Scouting: \_\_\_\_\_ Cub Scouts: \_\_\_\_\_ Boy Scouts: \_\_\_\_\_ Explorers: \_\_\_\_\_ Venturers: \_\_\_\_\_ Girl Scouts: \_\_\_\_\_

Adult Leader: \_\_\_\_\_ Council: \_\_\_\_\_ District: \_\_\_\_\_ Youth Rank Achieved: \_\_\_\_\_

Jamboree/High Adventure Programs Attended: \_\_\_\_\_ Year: \_\_\_\_\_

Order of the Arrow: \_\_\_\_\_ Yes \_\_\_\_\_ No Years: Ordeal: \_\_\_\_\_ Brotherhood: \_\_\_\_\_ Vigil: \_\_\_\_\_

## CAMP EXPERIENCE

### CAMPS ATTENDED:

1. Camp: \_\_\_\_\_  As a Youth  As a Leader Number of Years \_\_\_\_\_

2. Camp: \_\_\_\_\_  As a Youth  As a Leader Number of Years \_\_\_\_\_

3. Camp: \_\_\_\_\_  As a Youth  As a Leader Number of Years \_\_\_\_\_

### CAMP STAFF/POSITIONS HELD: (include any camp at which you have worked)

1. Position: \_\_\_\_\_ Year(s): \_\_\_\_\_ Camp: \_\_\_\_\_

2. Position: \_\_\_\_\_ Year(s): \_\_\_\_\_ Camp: \_\_\_\_\_

3. Position: \_\_\_\_\_ Year(s): \_\_\_\_\_ Camp: \_\_\_\_\_

## REFERENCE INFORMATION

All NEW applicants must submit three (3) fully completed "Official Greater New York Councils Written Reference Form". This form can be downloaded from the Council's website [www.bsa-gnyc.org](http://www.bsa-gnyc.org), [www.alpinescoutcamp.org](http://www.alpinescoutcamp.org), [www.tenmileriver.org](http://www.tenmileriver.org) or call Camping Services at (201) 297-7453 to receive forms via mail.

A "New" applicant is someone who was not on the payroll at any of the GNYC Summer Camps last season/year.

# CAMP STAFF POSITIONS

## MINIMUM OF 21 YEARS OF AGE

Camp Director            Assistant Camp Director  
 Program Director        Medical Director  
 Aquatics Director        C.O.P.E. Director  
 Chaplain                  Climbing Director  
 Business Manager  
 Shooting Sports Director  
 Senior Site Leader

## MINIMUM OF 18 YEARS OF AGE

Archery Director        Commissioner  
 Quartermaster         Site Leader  
 Trading Post Manager   Ecology Director  
 Assistant Ranger        Theme Area Director  
 Handicraft Director     Medical Personnel  
 Scout Skills Director    Trek Guide  
 Kitchen Staff            Day Camp Counselor  
 TMR Museum Staff

## MINIMUM OF 16 YEARS OF AGE:

Archery Staff	B-B Range Staff	Handicraft Staff	Mountain Bike Staff
Ecology Staff	Scout Skills Staff	Aquatics Staff	Village Staff
Dining Hall Staff	Trading Post Staff	Quartermaster Staff	Office Staff
Rifle Range Staff	Climbing Staff	COPE Staff	Assistant Day Camp Counselor

(THE ABOVE REPRESENT MOST OF THE SUMMER CAMP POSITIONS. OPENINGS AND AVAILABILITY VARY BY CAMP)

## AREAS OF EXPERTISE, TEACHING SKILLS AND KNOWLEDGE

List Top Five from list below	Have Teaching Experience in	Confident to Instruct in	Areas Could Assist in
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLEASE SELECT FIVE (5) CATEGORIES AND LIST THEM ABOVE

Archery	Art	Astronomy	Botany	Backpacking
Basketry	B-B Shooting	Bird Study	C.O.P.E.	Camping
Canoeing	Computers	Conservation	Fishing	Cooking
Forestry	Ecology	First Aid	Hiking	Lifesaving
Indian Lore	Geology	Leadership Skills	Orienteering	Reptile Study
Insect Study	Motor Boating	Rappelling	Leatherwork	Wood Carving
Mammals Study	Pool Operation	Small Boat Sailing	Nature Study	
Rifle Shooting	Shotgun Shooting	Pioneering	Field Sports	
Swimming	Rowing	Wood Working	Water Skiing	
Office Work	Wilderness Survival	Retail Sales	Song Leading	

## EDUCATIONAL BACKGROUND

High School Name: \_\_\_\_\_ Year Graduated \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

College/University Name: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degree: \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

Technical/Vocational Name: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

Academic Honors: \_\_\_\_\_

Athletic Activities: \_\_\_\_\_

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

**SCOUTING OR CAMP RELATED TRAINING COMPLETED: (WRITE IN EXPIRATION DATES WHERE THEY APPLY)**

\_\_\_ National BSA Camp School  
 Section Completed \_\_\_\_\_  
 \_\_\_ BALOO  
 \_\_\_ BSA Lifeguard  
 \_\_\_ BSA National Leader Training

\_\_\_ Project C.O.P.E. Certified  
 \_\_\_ Leader Essentials  
 \_\_\_ Philmont Participation  
 \_\_\_ Woodbadge

\_\_\_ Red Cross Responding to Emergencies  
 \_\_\_ Red Cross C.P.R. (Standard or Pro)  
 \_\_\_ NY or NJ Emergency Responder  
 \_\_\_ NY EMT Certified

Hobbies & Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION**

<u>MOST RECENT OR CURRENT EMPLOYER</u>	<u>JOB TITLE</u>	<u>NATURE OF JOB (EXPLAIN YOUR DUTIES)</u>	<u>DATES EMPLOYED</u>
<u>SUPERVISOR'S NAME</u>	<u>PHONE #</u>	<u>REASON FOR LEAVING JOB</u>	<u>SALARY</u>

- If currently employed, can we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If hired, when would you be available to start work? \_\_\_\_\_
- Have you been discharged or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Why? \_\_\_\_\_  
(Attach a separate sheet if needed)
- If you are under 18 years of age, can you furnish working papers? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever filed an application with GNYC summer camp before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when \_\_\_\_\_
- Have you ever been employed at another Council's Scout Camp(s) before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what Council: \_\_\_\_\_ Year \_\_\_\_\_
- Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, give details on a separate sheet of paper.  
(You may answer "NO" if your conviction has been ordered sealed, expunged, or eradicated)
- Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever been charged with any form of Child Abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, give details on a separate sheet of paper.
- Are you permitted to be legally employed in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No
- State any additional information you feel may be helpful to us in considering your application:

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

If joining as a Counselor in Training, I understand that this is not a staff position, and that I am in a training program. I understand that no salary is payable, but that if I successfully complete this training, a stipend will be received.

I hereby understand and acknowledge that unless otherwise defined by applicable law, and employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive if this organization. I understand that my employment can be terminated, with or without cause at any time at the discretion of either the company or myself. I understand that no management official other than the Scout Executive has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment.

In making this application, it is understood that an investigative report will be made that may include information about your business or personal life. This information may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted, and, when deemed necessary, by obtaining reports from consumer or credit reporting agencies. Under some circumstances, certain reports may be "consumer reports" or investigative consumer reports." Under the Fair Credit Reporting Act, you are entitled, upon request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Boy Scouts of America for these reports.

All applicants will be screened against the New York State Sex Offender Registry.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an Employment decision. I authorize all my previous employers, schools, and other references to furnish the information requested. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. I hereby declare that the information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application may result in my disqualification for employment or in my discharge.

Note to Applicants; DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job should be made available in advance.

No \_\_\_\_\_ Yes \_\_\_\_\_

### Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**MAIL TO:**  
Greater New York Councils, BSA  
Camping Services  
PO Box 377  
Alpine NJ 07620  
(201)297-7453

\_\_\_\_\_  
*Signature of Parent or Guardian (when under 18)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Scoutmaster/Advisor Signature of Recommendation*

\_\_\_\_\_  
*Date*

THE GREATER NEW YORK COUNCIL, B.S.A., IS AN EQUAL OPPORTUNITY EMPLOYER AND MAINTAINS A POLICY OF NONDISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, AGE, MARITAL OR VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY.

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