

Quail Hill Summer Camp Staff Application

Please type or print all information. Submit to the Camp Director or mail to:

Monmouth Council BSA 705 Ginesi Dr. Morganville, NJ 07751 732-536-2347, Fax 732-536-2850

Personal Information

Name _____ T-shirt Size _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Home :) _____ (Cell :) _____ Email(s) _____
 Social Security Number: _____ Date of Birth: _____ Age on June 1st of this summer: _____

Position(s) desired (check)

| | | |
|--|--|--|
| <p>Minimum Age 14 <input type="checkbox"/> Counselor in Training (unpaid) 2 week minimum commitment + training</p> <p>Minimum Age 15 <input type="checkbox"/> Den Chief</p> <p>Minimum Age 16 <input type="checkbox"/> Lifeguard*</p> | <p>Minimum Age 18[^] <input type="checkbox"/> Assistant Ranger <input type="checkbox"/> Assistant Cook <input type="checkbox"/> Trading Post Clerk</p> <p>Area Director <input type="checkbox"/> Experience <input type="checkbox"/> Archery* <input type="checkbox"/> BB* <input type="checkbox"/> Boy Scout <input type="checkbox"/> Nature* <input type="checkbox"/> Pond* <input type="checkbox"/> Scoutcraft* <input type="checkbox"/> STEM</p> | <p>Minimum Age 21[^] <input type="checkbox"/> Camp Director* <input type="checkbox"/> Program Director* <input type="checkbox"/> Aquatics Director* <input type="checkbox"/> Shooting Sports Director* <input type="checkbox"/> Health Officer** <input type="checkbox"/> Camp Chef*</p> |
|--|--|--|

[^]Certain age minimums may be waived with prior camp staff experience. Must be required age for summer camp staff by June 15.

**Health Officer requires either an EMT, EMT-I, Paramedic, Nurse, PA, DO, or MD

*Some positions require special certification/training.

Personal Data

Experience with other youth organizations, clubs, events, etc. outside of scouting _____

Have you ever been convicted of a felony? (You may answer NO if your conviction was ordered sealed, expunged or eradicated)
 Yes No

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered, including what you were convicted of and how long ago). Provide complete information about any conviction by attaching a separate statement.

Are you permitted to be lawfully employed within the United States? Yes No

Do you have any physical disabilities that might interfere with performance of the job that you are applying for?
 Yes No if yes, explain: _____

Scouting and Program Background

Have you attended a BSA National Camping School in the last 5 years: Yes No (not Aquatic School or JLT) if yes, give:

Location: _____ Date: _____ Expiration Date of Card: _____

Check type of certificate:

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Camp Management | <input type="checkbox"/> Program Director | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Shooting Sports | <input type="checkbox"/> Scoutcraft | <input type="checkbox"/> COPE |
| <input type="checkbox"/> Commissioner | <input type="checkbox"/> Nature/Ecology | <input type="checkbox"/> Chaplain |

Shooting Sports Certifications: NRA Rifle Instructor Exp. Date: _____
 NRA Shotgun Instructor Exp. Date: _____
 National Archery Assoc. Instructor Exp. Date: _____ Level _____

Are you currently a registered member of the Boy Scouts of America? Yes No
 Unit Number _____ Position _____ Rank (if youth member) _____ Council _____
 Current Unit Leader _____ Phone _____ Email _____
 Number of years in Scouting: Cub Scouts Boy Scouts Explorers Venturing Girl Scouts _____
 Jamboree/High Adventure Treks Attended: _____

Order of the Arrow Yes No if yes: Ordeal Brotherhood Vigil
 Have you previously worked at summer camp? Yes No if yes, please answer the following:
 Year _____ Camp _____ Position _____ Salary _____/per week
 Year _____ Camp _____ Position _____ Salary _____/per week
 Year _____ Camp _____ Position _____ Salary _____/per week

CERTIFICATES: (First Aid, CPR, Lifeguard, etc.) **ISSUING AGENCY:** **EXPIRATION DATE:**

LEADERSHIP COURSES: (Woodbadge, JLT, Aquatic School, etc.) **DATE ATTENDED:**

LIST WHERE YOU LAST ATTENDED SUMMER CAMP: **DATE ATTENDED:**

LIST COUNCIL EVENTS YOU HAVE STAFFED: (Include the year or years worked)
 Webelos Woods JLT Other Training Courses Klondike Derby

EDUCATIONAL BACKGROUND

| Name/Location | Yrs Attended | Graduate Date | Major | GPA |
|-------------------|--------------|---------------|-------|-------|
| High School _____ | _____ | _____ | _____ | _____ |
| College _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT

(List current or most recent employer first)

| Company Name | Supervisor's name | Mailing Address | Tel |
|--------------|-------------------|-----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If yes, why? _____

Merit Badges and Other Scouting Requirements

List all Merit Badges earned. **Venturing** and **Girl Scout** candidates please attach a list of all requirements, badges, and awards earned.

- | | | |
|---|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Geology | <input type="checkbox"/> Reptile Study |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Insect Study | <input type="checkbox"/> Shotgun Shooting |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Small Boat Sail |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Soil and Water Conservation |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Mammals | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Motor boating | <input type="checkbox"/> Weather |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Nature | <input type="checkbox"/> Wilderness Survival |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Windsurfing BSA Award |
| <input type="checkbox"/> Fish and Wildlife | <input type="checkbox"/> Pioneering | <input type="checkbox"/> Woodcarving |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Rifle Shooting | <input type="checkbox"/> Water-skiing |

Advanced or Special Skills

Advanced skills are areas of significant expertise and experience, or high level/extensive training. This is beyond the scope of basic class experience or Merit Badges earned. Check one (or more) these *only* if you have significant experience and strong intermediate or advanced skills in those areas.

- Advanced Canoeing or Kayaking
- Climbing or Mountaineering
- Radio Controlled Models
- GPS
- Orienteering
- Backpacking
- Wilderness Cooking
- Commercial Cooking
- Biology, Nature/Ecology related
- Shooting Sports/Archery
- Photography or Digital Video
- Musical/Performing Arts
- Arts or Crafts
- Challenge Courses or COPE
- Wilderness Skills/Leadership Trng.
- Swimming, Snorkeling
- Web Design or Graphics Software
- Other (please list below)

Please give details: _____

References

List two people (other than immediate family) who know you from Work, School, Church, Civic Organizations, etc., who can be contacted for more information.

| | |
|------------------|------------------|
| Name _____ | Occupation _____ |
| Home Phone _____ | Work Phone _____ |
| Home Email _____ | Work Email _____ |
| Name _____ | Occupation _____ |
| Home Phone _____ | Work Phone _____ |
| Home Email _____ | Work Email _____ |

All employees should be available for the full season. Exceptions must be requested during interviews.

AN EQUAL OPPORTUNITY EMPLOYER.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age (if over 21), marital or veteran status or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

I hereby certify the enclosed information is correct. I am/will be a registered member of the Boy Scouts of America. If selected, the Boy Scouts of America can expect my loyalty to management, its policies, programs and my full cooperation with other members of the staff.

APPLICANT'S SIGNATURE _____ DATE _____

Required Approvals

If under 18, Parent or Guardian approval: _____ DATE _____

APPROVAL OF SCOUT LEADER:

I have reviewed this application with the applicant, and personally believe that he is qualified for the position he is seeking.
Unit Leader _____ Phone _____

COUNCIL USE ONLY:

Interview date: _____ Interview by: _____

Comments: _____

Approved Position: _____ Salary _____
Approved by: _____ CD _____ PD _____