

DAY CAMP STAFF APPLICATION

6/20-6/24/2011

(To be completed by all staff members)

NAME _____ TODAY'S DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ BEST TIME TO CALL _____
E-MAIL ADDRESS _____
GENDER: M OR F MARITAL STATUS _____ ARE YOU A U.S. CITIZEN? _____
REGISTERED WITH BSA? Y OR N POSITON IN BSA _____ UNIT _____
LENGTH OF TIME AS A: CUB SCOUT _____, BOY SCOUT _____, ADULT SCOUT _____
HIGH SCHOOL _____ DATES ATTENDED FROM _____ TO _____
COLLEGE _____ DATES ATTENDED FROM _____ TO _____
DIPLOMAS, CERTIFICATES, OR DEGREES _____

Areas interested in working, Activities Den leader Admin Staff

Days Available M T W T F _____

AGE RANGE

THERE ARE MINIMUM AGE REQUIREMENTS FOR CERTAIN CAMP POSITIONS. PLEASE CHECK YOUR AGE RANGE ON JUNE 1, 2010.

* 14 years *15 years *16 years *17 years
____ 18-20 years ____ 21-24 years ____ 25 years or older

CAMP STAFF EXPERIENCE

Year Camp Position(s)

1.

2.

ALL VOLUNTEERS MUST HAVE BSA CERTIFIED YOUTH PROTECTION TRAINING AFTER JANUARY 1, 2011 PLEASE ATTACH COPY OF YOUR CERTIFICATON TO APPLICATION.

SKILLS

I AM QUALIFIED AND WOULD BE COMFORTABLE TEACHING THE FOLLOWING AT DAY CAMP:

AQUATICS

- Swimming
- Lifesaving
- Rowing
- Canoeing
- Sailing

PROGRAM

- Song leading
- Music
- Campfires
- Leading games

ECOLOGY

- Environmental science
- Mammals
- Nature
- Forestry
- Weather
- Pulp & paper
- Astronomy
- Reptiles
- Plant science
- Geology
- Botany
- Bird study

SCOUTCRAFT

- Cooking
- Camping
- Pioneering
- Hiking
- First aid
- Emergency preparedness
- Orienteering

SHOOTING SPORTS

- Archery
- BB guns

TRAINING

MEDICAL

- Medical Student
- Paramedic
- Advanced First Aid Certificate
- CPR Training
- EMT
- Nursing Student
- LPN
- Registered Nurse

OTHER

- BSA Shooting Sports Certified
- Lifeguard Certified
- National Camping School Certified
- Wood Badge

LIST ANY OTHER QUALIFICATIONS, EXPERIENCES, OR EDUCATION THAT YOU FEEL WILL BE OF VALUE IN CAMP. (USE ADDITIONAL SHEET, IF NECESSARY.)

ALL STATEMENTS ON THIS APPLICATION ARE TRUE.

Applicant's Signature _____ Date _____

PARENT'S SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OF AGE):

I hereby approve my son's/daughter's (ward's) application for Camp Staff or Counselor-In-Training. I have reviewed the information on this form and I know it to be true. He/She has my permission to accept a position if one is offered.

Parent's Signature _____ Date _____

RETURN APPLICATION TO:

DEBBIE HEIDENREICH
2947 HUCKLEBERRY HILL DR.
FORT MILL, S.C. 29715

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