



### Part Two Continued: Scouting Background

Scouting Awards or Honors: \_\_\_\_\_

Scouting Trainings Completed: \_\_\_\_\_

Order of the Arrow Lodge Membership: \_\_\_\_\_ Honor Level: \_\_\_\_\_

### Part Three: Unit Leader recommendation

This part of the application only needs to be completed by applicants who are under the age of 18 and who are currently registered members of the Boy Scouts of America. Applicants under the age of 18 must include a letter of recommendation from their unit leader with their application. This information will be used for reference purposes. You may list your unit leader as a reference in Part Eight as well.

Name of Unit Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Unit Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part Four: Educational Background

Please include only High Schools, Trade Schools, Colleges, and Universities

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<i>Dates of Attendance</i>	<i>School &amp; Location</i>	<i>Degree or Diploma</i>
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<i>Dates of Attendance</i>	<i>School &amp; Location</i>	<i>Degree or Diploma</i>
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### Part Five: Non-Camp Related Work History

List your 3 most recent employers in the space provided on the next page.

May we contact them? Yes / No

**Part Five Continued: Non-Camp Related Work History**

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<i>Employer</i>	<i>Dates of Employment</i>	<i>Supervisor</i>	<i>Phone</i>
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<i>Employer</i>	<i>Dates of Employment</i>	<i>Supervisor</i>	<i>Phone</i>
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<i>Employer</i>	<i>Dates of Employment</i>	<i>Supervisor</i>	<i>Phone</i>
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**Part Six: Camp Staff Experience**

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<i>Camp</i>	<i>Position</i>	<i>Council</i>	<i>Year</i>
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<i>Camp</i>	<i>Position</i>	<i>Council</i>	<i>Year</i>
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<i>Camp</i>	<i>Position</i>	<i>Council</i>	<i>Year</i>
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**Part Seven: References**

Please include at least 2 adult references. Do not include relatives. Please include a phone number.

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<i>Name</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>
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<i>Name</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>
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<i>Name</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>
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## Part Eight: Specialized Trainings

Please indicate the expiration date for each certification you hold, if any.

### National Camping School

ARC/NSC First Aid: \_\_\_\_\_ Administration: \_\_\_\_\_  
ARC/NSC CPR & AED: \_\_\_\_\_ Outdoor Skills: \_\_\_\_\_  
BSA Lifeguard: \_\_\_\_\_ Shooting Sports: \_\_\_\_\_  
Food Safety: \_\_\_\_\_ Ecology/Conservation: \_\_\_\_\_  
Other: \_\_\_\_\_ Aquatics: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

## Part Nine: Camp Position for Consideration

In order of preference, number the staff positions that you would like to be considered for this summer.

Minimum Age: 14

\_\_\_\_\_ Counselor in Training

Minimum Age: 16

\_\_\_\_\_ Waterfront Instructor

\_\_\_\_\_ Trailblazer Instructor

\_\_\_\_\_ Handicraft Instructor

\_\_\_\_\_ Outdoor Skills Instructor

\_\_\_\_\_ Ecology/Conservation Instructor

\_\_\_\_\_ Dining Hall Steward

\_\_\_\_\_ Trading Post Assistant

\_\_\_\_\_ Food Service Assistant

\_\_\_\_\_ Sports Instructor

Minimum Age: 18

\_\_\_\_\_ Assistant Ranger

\_\_\_\_\_ Trading Post Manager

\_\_\_\_\_ Camp Commissioner

\_\_\_\_\_ Archery Director

\_\_\_\_\_ Outdoor Skills Director

\_\_\_\_\_ Trailblazer Director

\_\_\_\_\_ Ecology Conservation Director

\_\_\_\_\_ Handicraft Director

\_\_\_\_\_ Eagle University Director

Minimum Age: 21

\_\_\_\_\_ Program Director

\_\_\_\_\_ Business Manager

\_\_\_\_\_ Aquatics Director

\_\_\_\_\_ Shooting Sports Director

\_\_\_\_\_ Health Officer

**Part Ten: Signatures**

By signing this application, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with the Ohio River Valley Council, BSA may be terminated.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Parent or Legal Guardian if Applicant is Under the Age of Eighteen*

\_\_\_\_\_

*Date*

**Part Eleven: Application Submission**

Please mail your completed application to:

Ohio River Valley Council  
PO Box 6168  
Wheeling, WV  
26003

**For Office Use Only**

Interview Team Members: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Notes:

Hired: Yes / No

Position: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

