



Fort Steuben Scout Reservation 2021 Camp Staff Application

Please complete all sections by printing legibly and using black or blue ink.

Applicants are not required to provide any information on this form that is prohibited by Federal, State, or Local law.

Applicants accepted for employment are on a trial basis with a probationary period of two (2) weeks. If, in the judgment of the camp management, it is found during this probationary period, that the employee has not adapted to the work assigned or that information provided has been misrepresented, the employment may be terminated without other reason.

In connection with your application for employment, an investigation may be made requesting information as to your character and general reputation. Information as to the nature and scope of the investigation will be furnished to you upon written request.

Part One: Personal Information

Last Name

First Name

M.I.

Current Address: _____

Number and Street

City

State

Zip

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Part Two: Scouting Background

Current Troop/Crew: _____ Council: _____ District: _____

Leadership Positions Held in Unit: _____

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

<i>Dates of Attendance</i>	<i>School & 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

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

<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.

<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: _____

