

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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<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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<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.

<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: _____

