

	<p><b>SUSQUEHANNA COUNCIL, BSA</b>  <b>2021 SUMMER CAMP</b>  <b>EMPLOYMENT APPLICATION</b>          Camp Karoondinha</p> <p>PLEASE RETURN TO:          Susquehanna Council Service Center          815 Northway Road          Williamsport, PA 17701          or email to <a href="mailto:susq.camping@scouting.org">susq.camping@scouting.org</a></p>	
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: [HOME] (\_\_\_\_\_) \_\_\_\_\_ [CELL] (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE AT CAMP: \_\_\_\_\_

**AVAILABLE POSITIONS: PLEASE INDICATE YOUR PREFERENCES AS #1, 2, 3...**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Camp Director * (25)</p> <p><input type="checkbox"/> Program Director * (21)</p> <p><input type="checkbox"/> Chaplain (21)</p> <p><input type="checkbox"/> Health Officer - RN, LPN, EMT (18; 21 preferred)</p> <p><input type="checkbox"/> Camp Commissioner * (18)</p> <p><input type="checkbox"/> Business Manager (18)</p> <p><input type="checkbox"/> Communications Director (18)</p> <p><input type="checkbox"/> Trading Post Manager (18; 21 preferred)</p> <p><input type="checkbox"/> Trading Post Assistant (16)</p> <p><input type="checkbox"/> Ranger Staff (18)</p> <p><input type="checkbox"/> Ranger's Assistant (17; 18 preferred)</p> <p><input type="checkbox"/> Head Cook (21)</p> <p><input type="checkbox"/> Assistant Cook (18)</p> <p><input type="checkbox"/> Kitchen Aide (16; 18 preferred)</p> <p><input type="checkbox"/> Dining Hall Steward (16)</p> <p><input type="checkbox"/> Aquatics Director * (21)</p> <p><input type="checkbox"/> Aquatics Instructor (16)</p> <p><input type="checkbox"/> C.O.P.E. Director * (21)</p> <p><input type="checkbox"/> C.O.P.E. Instructor (18) / C.O.P.E. Staff (16)</p> <p style="text-align: center;"><i>* National Camp School training required</i></p> | <p><input type="checkbox"/> Shooting Sports Director * (21)</p> <p><input type="checkbox"/> Shooting Sports Instructor (16)</p> <p><input type="checkbox"/> Archery Senior Instructor (18)</p> <p><input type="checkbox"/> Archery Instructor (16)</p> <p><input type="checkbox"/> Ecology Director * (18)</p> <p><input type="checkbox"/> Ecology Instructor (15)</p> <p><input type="checkbox"/> Handicraft Director (18)</p> <p><input type="checkbox"/> Handicraft Instructor (15)</p> <p><input type="checkbox"/> Scoutcraft Director * (18)</p> <p><input type="checkbox"/> Scoutcraft Instructor (15)</p> <p><input type="checkbox"/> Trail to Eagle Director (18)</p> <p><input type="checkbox"/> Trail to Eagle Instructor (15)</p> <p><input type="checkbox"/> Health and Safety Director (18)</p> <p><input type="checkbox"/> Health and Safety Instructor (15)</p> <p><input type="checkbox"/> Trades Director (18)</p> <p><input type="checkbox"/> Trades Instructor (15)</p> <p><input type="checkbox"/> STEM Director (18)</p> <p><input type="checkbox"/> STEM Instructor (15)</p> <p><input type="checkbox"/> Counselor-in-Training (14)</p> <p style="text-align: center;"><i>Note: Age shown is minimum required</i></p> |
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**EDUCATION:**

	Name and Location	Date of graduation	Major
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

**SPECIALIZED TRAINING: CHECK ALL THAT APPLY**

		Issue Date			Issue Date
✓	Standard First Aid		✓	Red Cross Advanced Lifesaving	
	CPR (Course title: _____)			Red Cross Water Safety Instructor	
	EMT # _____			Red Cross Lifeguard	
	National Camp School			Red Cross Sailing Instructor	
	➔ NCS Section:			BSA Lifeguard	

Please list additional experiences that add to your qualifications, including team, school, and other community activities.

\_\_\_\_\_  
\_\_\_\_\_

**SCOUTING EXPERIENCE:**

Currently Registered as: \_\_\_\_\_ Unit #: \_\_\_\_\_ Council: \_\_\_\_\_

**Years of Scouting Experience:** Cub Scouts: \_\_\_\_\_ Scouts BSA: \_\_\_\_\_ Venturing: \_\_\_\_\_ Girl Scouts: \_\_\_\_\_

List current and/or highest rank attained: \_\_\_\_\_

List current and prior leadership position(s) held in Scouting: \_\_\_\_\_

**Adult Scout Leader:** Years tenure: \_\_\_\_\_ Current adult leadership position(s) held: \_\_\_\_\_

List any Scout training programs completed: \_\_\_\_\_

**Previous Camp Staff Experience:** (include dates and locations): \_\_\_\_\_

Please list awards or recognitions earned, as well as special activities attended (i.e. National Jamboree, NOAC, Philmont, etc.). \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

Employer	Position	Dates of Employment	Reason for Leaving
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\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: THREE COMPLETE REFERENCES MUST BE PROVIDED**

Name	Title	Complete Phone Number
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Scouting \_\_\_\_\_

School \_\_\_\_\_

Employer \_\_\_\_\_

Other \_\_\_\_\_

**Are you available for the entire summer camp season?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If no, please explain and list all dates you would not be able to be at camp.\*

\_\_\_\_\_  
*\*Preference in hiring will be given to those who are available for the full summer. Staff week is mandatory. CIT schedules may vary.*

Please select the type of position you are applying for: Paid Staff: \_\_\_\_\_ Full Time Volunteer: \_\_\_\_\_ Part Time Volunteer: \_\_\_\_\_

Why do you want to work for the Susquehanna Council summer camp program?

\_\_\_\_\_  
\_\_\_\_\_

Please describe any experience you have working with children.

\_\_\_\_\_  
\_\_\_\_\_

I hereby make my application for summer camp employment by the Susquehanna Council, BSA. In accordance with the principles of the Boy Scouts of America, I subscribe to the Scout Oath and Promise, Scout Law and Declaration of Religious Principal. I agree to be loyal to and cooperate fully with the policies, programs and management of the camp that might employ me. I further agree, if selected, to register as a member of the Boy Scouts of America and to provide the camp with a current health examination report upon my arrival. If under 18 years of age, I agree to provide working papers to the camp as appropriate. I authorize a review of the above listed references or of others undertaken to review my qualifications for possible employment. I understand that final employment is contingent upon the camp receiving an acceptable clearance for my possible employment in a camp for children from the Pennsylvania State Sex Offender Registry. I attest that all of the information in this application is true to the best of my knowledge.

I understand that a personal interview may be required before final approval will be granted if selected for employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS: REQUIRED FOR ALL CANDIDATES UNDER AGE 18**

Scoutmaster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_