



# Camp T. Brady Saunders

## Summer Camp Staff Application

### 2017



**Dates: Camp Staff – June 16<sup>th</sup> – July 30<sup>th</sup> - Directors available June 8<sup>th</sup> Kitchen June 9<sup>th</sup>**  
*Must attend a staff training session – session 1: June 9<sup>th</sup> – 11<sup>th</sup> & 16-17<sup>th</sup> or session 2: June 14<sup>th</sup> – 17<sup>th</sup>*

**DATES AVAILABLE:** \_\_\_/\_\_\_/2017 - \_\_\_/\_\_\_/2017      **Available for Staff Training Session:** \_\_\_\_\_ (1 or 2)

Name: \_\_\_\_\_ Phone: (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Use the address where you will receive mail

Age as of June 6, 2017: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_ - \_\_\_ - \_\_\_\_\_ Troop #/Crew #: \_\_\_\_\_

Email \_\_\_\_\_ Shirt size: \_\_\_\_\_  
(contracts and communication will be sent to this email, no other notifications will be sent – REQUIRED) (need)

Years Scouting Experience: \_\_\_\_\_ SCOUT RANK \_\_\_\_\_  
 Boy Scout/Venture \_\_\_\_\_ Girl Scout \_\_\_\_\_ Leader \_\_\_\_\_ Camp Staff \_\_\_\_\_ TBS Camp Staff \_\_\_\_\_

List any Scouting, school, extracurricular, or leadership experiences: \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_

Previous Staff Experience: \_\_\_\_\_

Special Training or Other Certifications: \_\_\_\_\_

**CURRENT CERTIFICATIONS**

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
CPR Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
F/A Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
Adv. First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
EMT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
Other _____		Certifying Agency _____	Expiration Date _____

**BSA National Camp School Certification (Indicate the year your certificate expires next to those certifications you hold)**

____ Aquatics Director	____ Commissioner	____ First Year Camper
____ BS Camp Management	____ COPE Director	____ Outdoor Skills Director
____ Ecology Director	____ Shooting Sports Director	____ First Year Camper Director

**STAFF POSITIONS AVAILABLE**

**Number (1,2,3, etc) the positions for which you applying in order of preference.**

**Must be at least 14 by June 1 for the following position:** \_\_\_\_\_ Counselor-in-Training (CIT)  
 (Not a paid position – 2 weeks on staff)

**Must be at least 16 by June 1 for the following positions:**

____ Aquatics Instructor	____ Outdoor Skills Instructor	____ Ecology Instructor
____ Trail Blazer Instructor	____ Eagle Area Instructor	____ Kitchen Staff
____ Handicraft Instructor	____ Trading Post Associate	____ STEM Instructor

**Must be at least 18 by June 1 for the following positions:**

_____ Outdoor Skills Director*	_____ Ecology Director*	_____ Archery Instructor	_____ S.T.E.M. Director
_____ Climbing/COPE Instructor	_____ Commissioner*	_____ Handicraft Director	_____ Dining Hall Steward
_____ Aquatics Instructor	_____ Health Officer	_____ Mountain Bike Staff	_____ Eagle Area Director
_____ Cooking Instructor	_____ Office Assistant	_____ Shooting Sports Assistant	

**Must be at least 21 by June 1 for the following positions:**

_____ Program Director*	_____ Aquatics Director*	_____ Shooting Sports Director*	_____ Dining Hall Manager
_____ Climbing Director*	_____ COPE Director*	_____ Trading Post Manager	_____ Trail Blazer Director*
_____ Business Manager	_____ Quartermaster		

**\* Must be available to attend a week long certification course prior to camp for this position.**

**EMPLOYMENT HISTORY**

Present or Most Recent Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Have you ever been arrested for or convicted of a crime: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been asked to resign from any job: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Three references with relationship and phone numbers (**Registered Scout/Venture must list Scoutmaster/Advisor**):  
**PLEASE TYPE OR PRINT SO THAT ANYONE CAN READ THE FORM.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_ Scoutmaster/Advisor

By signing this statement, I agree that the information contained in this application is true and correct to the best of my knowledge. If I am currently registered as a Scout or Leader, I will agree to do so prior to camp opening.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Parent Signature (if applicant is under 18) Date Phone

\_\_\_\_\_  
**Scoutmaster/Crew Advisors Signature** Date Email  
**(Required for all scout/venture applicants)**

Please return to: Heart of Virginia Council  
Attn: Mic Mullins  
PO Box 6809  
Richmond, VA 23230  
Phone: 804-355-4306 Fax: 804-353-6109  
Email: [mic.mullins@scouting.org](mailto:mic.mullins@scouting.org)

\_\_\_\_\_  
Date: Received: \_\_\_\_\_ (Camp use only) Agreement sent: \_\_\_\_\_ Agreement received: \_\_\_\_\_