



Camp T. Brady Saunders Summer Camp Staff Application 2018



Dates: Camp Staff – June 15th – July 29th - Directors available June 8th Kitchen June 8th
Must attend a staff training session – session 1: June 8th – 10th & 15-16th or session 2: June 13th – 16th

DATES AVAILABLE: ___/___/2018 - ___/___/2018 **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, 2018: _____ 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*

Date: Received: _____ (Camp use only) Agreement sent: _____ Agreement received: _____