



TWIN RIVERS COUNCIL, BSA SUMMER CAMP EMPLOYMENT APPLICATION

Rotary Scout Reservation • Camp
Wakpominee



PLEASE RETURN TO:
Twin Rivers Council Service Center
253 Washington Avenue, Ext.
Albany, NY 12205

Please select one or more of the following resident camp(s) to direct your application:
 Rotary Scout Reservation (Boy Scouts) Camp Wakpominee (Boy Scouts & Cub Scouts)

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...

Programs that are camp-specific are indicated as follows: Rotary: **(R)**, Wakpominee: **(W)**.

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| <input type="checkbox"/> Camp Director * (25)
<input type="checkbox"/> Program Director * (21)
<input type="checkbox"/> Chaplain (21)
<input type="checkbox"/> Health Officer - RN, LPN, EMT (18; 21 preferred)
<input type="checkbox"/> Camp Commissioner * (18)
<input type="checkbox"/> Business Manager (18)
<input type="checkbox"/> Trading Post Clerk (18)
<input type="checkbox"/> Ranger Staff (18) (R)
<input type="checkbox"/> Ranger's Assistant (17; 18 preferred) (W)
<input type="checkbox"/> Kitchen Aide (16; 18 preferred)
<input type="checkbox"/> Dining Hall Steward (16; 18 preferred)
<input type="checkbox"/> Chillicothe Director (18) (R)
<input type="checkbox"/> Chillicothe Instructor (16) (R)
<input type="checkbox"/> Aquatics Director * (21)
<input type="checkbox"/> Aquatics Instructor (16)
<input type="checkbox"/> C.O.P.E. Director * (21)
<input type="checkbox"/> C.O.P.E. Instructor (18) / C.O.P.E. Staff (16)
<input type="checkbox"/> Counselor-in-Training (15) | <input type="checkbox"/> Shooting Sports Director * (21)
<input type="checkbox"/> Shooting Sports Instructor (16)
<input type="checkbox"/> Archery Range Director (18)
<input type="checkbox"/> Archery Instructor (16)
<input type="checkbox"/> Ecology/Nature Director * (18)
<input type="checkbox"/> Ecology Nature Instructor (16)
<input type="checkbox"/> Handicraft/Crafts Director (18)
<input type="checkbox"/> Handicraft/Crafts Instructor (16)
<input type="checkbox"/> Scoutcraft/Scout Skills Director * (18)
<input type="checkbox"/> Scoutcraft/Scout Skills Instructor (16)
<input type="checkbox"/> Trail to First Class/Pioneer Program Director (18)
<input type="checkbox"/> Trail to First Class/Pioneer Program Instructor (16)
<input type="checkbox"/> Community Safety Director (18)
<input type="checkbox"/> Community Safety Instructor (16)
<input type="checkbox"/> Mountain Biking Director (18) (W)
<input type="checkbox"/> Mountain Biking Instructor (16) (R/W)
<input type="checkbox"/> Trek Leader (21) * (W)
<input type="checkbox"/> Trek Guide (18) (W) |
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* National Camp School training required

Note: Age shown is minimum required

EDUCATION:

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

SPECIALIZED TRAINING: CHECK ALL THAT APPLY AND PROVIDE DATES

		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	/ /
	National Camp School: _____	/ /		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: _____ Boy Scouts: _____ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: THREE COMPLETE REFERENCES MUST BE PROVIDED

Name	Title	Complete Phone Number
Scouting _____	_____	_____
School _____	_____	_____
Employer _____	_____	_____
Other _____	_____	_____

Are you available for the entire summer camp season? _____

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 _____ Volunteer (circle one: full time / part time)

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

Please describe any experience you have working with children.

I hereby make my application for summer camp employment by the Twin Rivers 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 New York 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: _____