

Camp Staff Application

839 Grand Avenue, Grand Junction, CO 81501



BOY SCOUTS OF AMERICA®
WESTERN COLORADO COUNCIL

Applicants must meet the minimum age requirement for the positions by June 3rd. Mail application to address at the top of this form or e-mail Eleanor Anderson at eleanor.anderson@scouting.org. Please type or legibly print all information. Applicants should be available for the full season; exceptions must be requested during interview. Individuals participating in the Counselor in Training program will not be required to be available the full season. Camp runs from the first full week of June until the third full week of July depending on position.

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

E-mail _____

Phone _____ Cell _____

I am currently registered with:
(circle one & write in unit number)
Pack Troop Team Crew Ship Post
_____ **Not registered** _____

Age by June 3: ___14 ___15 ___16 ___17 ___18-20 ___21+ Available: From _____ To _____

Minimum Age 21 or Over	Minimum Age 18 or Over	Minimum Age 14 or Over
<input type="checkbox"/> Program Director **	<input type="checkbox"/> Scoutcraft Director (OS)	<input type="checkbox"/> Scoutcraft Staff (OS)
<input type="checkbox"/> Aquatics Director **	<input type="checkbox"/> Eco-Craft Director	<input type="checkbox"/> Eco-Craft Staff
<input type="checkbox"/> Shooting Sports Director**	<input type="checkbox"/> Trail to First Class Director *	<input type="checkbox"/> Trail to First Class Staff
<input type="checkbox"/> Climbing Director **	<input type="checkbox"/> Trading Post Director	<input type="checkbox"/> Shooting Sports Staff ****
	<input type="checkbox"/> Archery Director	<input type="checkbox"/> Archery Staff
	<input type="checkbox"/> Ranger	<input type="checkbox"/> Aquatics Staff ****
	<input type="checkbox"/> Health Officer ***	<input type="checkbox"/> Climbing Staff ****
	<input type="checkbox"/> Commissioner *	<input type="checkbox"/> Kitchen Staff

*Certain age Minimums may be waived with experience.

** Requires current BSA certification through weeklong BSA National Camping School if selected. Council will cover certification costs.

*** Health Officer requires either an EMT, Paramedic, Nurse, P.A., D.O. or M.D.

****Must be at least 16 years of age.

Camping Experience: Total number of years as a camper: _____ as a staffer: _____

Years _____ Camp _____ Position _____ Camp Director _____

Years _____ Camp _____ Position _____ Camp Director _____

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Years _____ Camp _____ Position _____ Camp Director _____

Specific Skills: Please mark as follows: 0-Little/No Knowledge 1–Some Knowledge 2–Proficient 3–Can Lead/Teach

<input type="checkbox"/> Archery	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Hiking	<input type="checkbox"/> Plant Identification
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Astronomy	<input type="checkbox"/> First Aid	<input type="checkbox"/> Knot Tying	<input type="checkbox"/> Rifle
<input type="checkbox"/> Campfire Programs	<input type="checkbox"/> Fish & Wildlife	<input type="checkbox"/> Leadership	<input type="checkbox"/> Shotgun
<input type="checkbox"/> Camping Skills	<input type="checkbox"/> Food Service	<input type="checkbox"/> Leatherwork	<input type="checkbox"/> Singing
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Geocaching	<input type="checkbox"/> Management	<input type="checkbox"/> Social Media
<input type="checkbox"/> Climbing/Rappelling	<input type="checkbox"/> Geology	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Swimming
<input type="checkbox"/> CPR Instruction	<input type="checkbox"/> Group Games	<input type="checkbox"/> Photography	<input type="checkbox"/> Wilderness Survival

References: List three personal references (someone who is not an immediate family member or relative); someone who knows you from work, school, church, civic organizations, etc. who can be a contact for more information. Please have each of your reference submit an letter of recommendation with your application to the address on the previous page or via e-mail to eleanor.anderson@scouting.org (Subject: "Your Name—Letter of Recommendation").

First Name _____ First Name _____ First Name _____
 Phone _____ Phone _____ Phone _____
 Relationship _____ Relationship _____ Relationship _____

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Checked By/Date _____ Checked By/Date _____ Checked By/Date _____

Please list your employer information (or most recent employer if you are no longer employed). N/A

Company Name _____ Position _____ Supervisor _____
 Phone _____ How long have you worked for this employer? _____

Disclosure Authorization and Release:

1. I confirm that the information given on this application is correct and understand that providing false information may result in revocation of membership in the Boy Scouts of America. The Western Colorado Council may verify information.
2. Individuals selected for staffing may be asked to also staff other camp offerings.
3. I know of no limitation that would prohibit full camp participation, and if employed I will provide an up-to-date physician evaluation form (official BSA Medical Form parts A, B, and C) prior to reporting.
4. I am/will be a registered member of the Boy Scouts of America.
5. If selected, the Western Colorado Council, Boy Scouts of America, can expect my loyalty to management, my adherence to its Code of Conduct, national, local, and camp policies and programs and my full cooperation with other members of the staff.
6. All information obtained will be used by the Western Colorado Council and will not be disclosed for any purpose not related to employment.

Perjury Statement:

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

Applicant's Signature _____ Date _____

Parent or Guardian
 Approval (if under 18) _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER. Tobacco and Substance Free Employer.

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Application Received _____ Contract Issued _____
 Interview Date _____ Contract Returned _____
 Position Offered _____ Salary Offered _____

Staff Statement of Understanding and Code of Conduct

Read then sign the bottom of this form and turn in with your application.

Statement of Understanding: All staff members, both youth and adult, are selected based on their qualifications in character, camping skills, and leadership qualities. By signing the letter of employment, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the Staff Statement of Understanding and Code of Conduct as a condition of participation, with the further understanding that serious misconduct or infraction of rules may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. All staff members are expected to abide the Scout Oath and Law and by the **Code of Conduct** as follows:

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable. I understand that I will be required to wear the official BSA uniform as outlined in the Uniform section of the Staff Guide and Uniform Info Sheet.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and checkout procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will do my share to prevent littering of the camp and agree to follow the principles of Leave No Trace.
6. I understand that the possession or consumption of alcoholic beverages, illegal drugs, marijuana, or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance.
7. Behavior violations including use of tobacco, cheating, stealing, dishonesty, swearing, gambling, and fighting will result in termination or disciplinary action.
8. I understand that possession of lasers of any type and possession or detonations of fireworks are prohibited.
9. Neither the camp or BSA local council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
10. Cell phones, tablets, lab tops and personal devices can be a distraction. Use of such equipment during working hours may result in disciplinary action.
11. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition.
12. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws.
13. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention. I will complete the online Youth Protection Training and Venturing Youth protection training prior to my first day as a camp staff member and turn a copy of my certificate in to the Camp Director.
14. Hazing has no place in Scout camp, nor does running the gauntlet, belt lines, or similar physical punishment. As a staff member I agree to prevent and stop all hazing activities.
15. I will respect diversity – whether the differences are in physical characteristics or in perspectives.
16. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
17. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the Camp Director or the Scout Executive.
18. I will comply with this Code of Conduct and the policies printed in the Camp Staff Handbook. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

Printed Name: _____

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____