

# Sagamore Council, Boy Scouts of America

## CAMP BUFFALO SUMMER CAMP STAFF APPLICATION

It is the goal of the Sagamore Council to provide those who attend our summer camps with an outstanding camping experience. We are seeking dedicated people willing to serve the youth of our communities by joining our summer camp staff.

*The standards of the Scout Oath and Law will serve as a guide for all staff conduct. The use of alcohol or illegal drugs will not be tolerated during the period of service on staff. The use of tobacco (by adults) is restricted to areas where employees are not in contact with Scouts or their leaders. The staff will set an example of excellence in Scouting which includes the proper wearing of the full uniform and the proper use of equipment while in camp.*

All summer camp staff, paid or volunteer, are required to provide the camp, upon their arrival, with a current health history and the results of an up-to-date physical examination, along with this application per current BSA policy. The Federal immigration and Control Act [enacted on November 6, 1986] requires all employees to verify that each applicant is legally authorized to work in the United States of America. You will be required to provide documents to verify your eligibility as required by this law. Before submitting this application, please make sure you have completed all blanks on each page. Applicants must be registered members of the Boy Scouts of America or agree to become registered members before employment occurs. References are important!

Please fill out and return to: **Sagamore Council, BSA**  
**518 N. Main Street, PO BOX 865**  
**Kokomo, IN 46903-0865**  
**Attn: Diann Sedam**

### General Information:

Please PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

College Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Currently registered in the BSA? **Yes** **No** With: Troop Crew Pack No. \_\_\_\_\_

Council \_\_\_\_\_ District \_\_\_\_\_

Adult T-Shirt Size (circle one) **SM** **M** **LG** **XL** **2XL** **3XL**

## Education

Junior High (Name, City) \_\_\_\_\_

High School (Name, City) \_\_\_\_\_ (GPA) \_\_\_\_\_

College (Name, City) \_\_\_\_\_ (GPA) \_\_\_\_\_

Other (Name, City) \_\_\_\_\_ (GPA) \_\_\_\_\_ (Major) \_\_\_\_\_ (Degree) Yes No

Extra-Curricular Activities \_\_\_\_\_

## Employment Information

(current or most recent employer first)

Company Name	Supervisor's Name	Mailing Address	Telephone
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

May we contact your previous/current employer? Yes No

## Personal Information

Do you have experience with other youth organizations, clubs, events, etc. outside of Scouting Yes No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: \_\_\_\_\_

Do you have a physical or mental disability which would limit your ability to participate in strenuous physical activity while in camp? Yes No

If yes, please explain: \_\_\_\_\_

## Certifications Held

CPR Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\_\_\_\_ Aquatics \_\_\_\_ Commissioner \_\_\_\_ Chaplain \_\_\_\_ COPE \_\_\_\_ Camp Management

\_\_\_\_ Program Director \_\_\_\_ Ecology-Conservation \_\_\_\_ Outdoor Skills \_\_\_\_ Climbing

\_\_\_\_ Shooting Sports \_\_\_\_ Ranger \_\_\_\_\_

## Scouting Background

Boy Scout Record: Unit No. \_\_\_\_\_ Years Registered as a Scout: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Order of the Arrow Member: **Yes No** Membership: **Ordeal Brotherhood Vigil Honor**

Wakando Member: **Yes No** Rank: **Webelos Camper Webelos Firelight Camper Woodsman Wakando Minisino**

Camping Experience: Total Nights of Camping \_\_\_\_\_ Number of Years as a Summer Camp Camper \_\_\_\_\_

High Adventure Trips, list location and dates: \_\_\_\_\_

National Jamboree, list dates \_\_\_\_\_

NYLT, list dates: \_\_\_\_\_

Leadership Positions Held: **Senior Patrol Leader Asst. Senior Patrol Leader Patrol Leader**

**Asst. Patrol Leader Quartermaster Instructor Scribe Den Chief**

Awards Earned: **Snorkeling Mile Swim Kayaking Board Sailing BSA Lifeguard Paul Bunyan**

**BSA Lifeguard Counselor Totin' Chip Firem'n Chit 50-Miler Hornaday**

**World Conservation Leave No Trace Environmental Patch**

Religious Award: (Specify which one) \_\_\_\_\_

Venturing Record: Unit No. \_\_\_\_\_ Years Registered: \_\_\_\_\_ Highest Advancement Award: \_\_\_\_\_

Leadership Positions Held: **President Vice President Secretary Treasurer** \_\_\_\_\_

Adult Record: Unit Leadership Positions Held:

Cub Scouts: ADULT: **Den Leader Webelos Leader Assistant Den/Webelos Leader Cubmaster  
Assistant Cubmaster Committee Chair Committee Member Charter Rep.**

Boy Scouts: **Scoutmaster Assistant Scoutmaster Committee Chair Committee Member Charter Rep.**

Crew: **Crew Advisor Associate Crew Advisor Committee Chair Committee Member Charter Rep**

District and Council Record: Leadership Positions Held:

District \_\_\_\_\_

Council \_\_\_\_\_

## Skill Areas

Please indicate the knowledge you have in each area.

1 = Expert, 2 = Have Knowledge, 3 = Have Little Knowledge, 4 = Have No Knowledge

<input type="checkbox"/> Archery	<input type="checkbox"/> Rifle	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Muzzleloading
<input type="checkbox"/> Campfires	<input type="checkbox"/> Fishing	<input type="checkbox"/> Rowing	<input type="checkbox"/> Canoeing
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Nature	<input type="checkbox"/> Forestry	<input type="checkbox"/> Conservation
<input type="checkbox"/> Cooking	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Scoutcraft	<input type="checkbox"/> Pioneering
<input type="checkbox"/> First Aid	<input type="checkbox"/> Song Leading	<input type="checkbox"/> Art	<input type="checkbox"/> Leather
<input type="checkbox"/> Metalwork	<input type="checkbox"/> Cycling	<input type="checkbox"/> Lifesaving	<input type="checkbox"/> Swimming (Pool)
<input type="checkbox"/> Journalism	<input type="checkbox"/> Photography	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Indian Lore
(other) <input type="checkbox"/> _____	(other) <input type="checkbox"/> _____	(other) <input type="checkbox"/> _____	(other) <input type="checkbox"/> _____

## Positions

Indicate 1<sup>st</sup> choices by 1, 2<sup>nd</sup> choices by 2, etc.

Minimum age for paid staff is 15 years of age, additionally ages in parentheses.

<input type="checkbox"/> Camp Director (21)	<input type="checkbox"/> Program Director (21)
<input type="checkbox"/> Aquatics Director (21)	<input type="checkbox"/> Assistant Aquatic Director (18)
<input type="checkbox"/> Health Officer (21)	<input type="checkbox"/> Camp Cook (21)
<input type="checkbox"/> Assistant Cook (18)	<input type="checkbox"/> Kitchen Staff (18)
<input type="checkbox"/> Chaplain (18)	<input type="checkbox"/> Ecology Director (18)
<input type="checkbox"/> Head Commissioner (18)	<input type="checkbox"/> Commissioner (18)
<input type="checkbox"/> Venture Director (18)	<input type="checkbox"/> Archery Instructor (18)
<input type="checkbox"/> Shooting Sports	<input type="checkbox"/> Handicraft Director
<input type="checkbox"/> Trading Post Clerk	<input type="checkbox"/> Assistant Ranger (18)
<input type="checkbox"/> Scoutcraft Director (18)	<input type="checkbox"/> Program Aide (Volunteer Position)
<input type="checkbox"/> OA Coordinator	<input type="checkbox"/> Wakando Coordinator
<input type="checkbox"/> Counselor In Training (14) *	<input type="checkbox"/> Program Counselor (MB Instructors) *

\* Indicate top four program areas you wish to work:

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

3. \_\_\_\_\_ 4. \_\_\_\_\_

## Camp Background

Have you worked at a Boy Scout Summer Camp previously? **Yes** **No** How many years? \_\_\_\_\_

Have you worked at a Camp Buffalo previously? **Yes** **No** How many years? \_\_\_\_\_

Have you worked at a non-Scouting Summer Camp previously? **Yes** **No** How many years? \_\_\_\_\_

Where: \_\_\_\_\_

### **ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON.**

Dates for Camping Season are as follows:

Directors Report on Friday, June 11<sup>th</sup>, 2010 by 5pm and work through July 17<sup>th</sup>, 2010;

Program Counselors Report on Sunday, June 13<sup>th</sup>, 2010 by 5pm and work through July 17<sup>th</sup>, 2010.

All Staff Members will be expected to remain in Camp from 11 am on Sunday until 11 am on Saturday. Each week staff will have a period of 24 hours off, Saturday at 11 am through Sunday at 11 am.

Staff is expected to reside in housing at Camp. Management reserves the right to enter staff quarters for inspection, at its discretion.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

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I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Law, and Declaration of Religious Principles. I agree to be loyal to and cooperate fully with all BSA policies, program, and management including those described in this application. I further agree to submit a complete Health and Medical record upon arrival at Camp, if selected. I understand that a personal interview may be required before employment will be granted.

The information that I have provided may be verified, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any persons or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (If Under 18) \_\_\_\_\_ Date \_\_\_\_\_

Scoutmaster Approval (If Under 18) \_\_\_\_\_ Date \_\_\_\_\_

## Why do you want to work at camp?

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## REFERENCES

List no more than one from each of the following categories: Scout Leader, High School or College Instructor, Coach, Religious Leader, Community Leader, Local Government Officer, BSA Council or District Committee Member.

Name	Relationship	Telephone Number
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____