

Camp Old Indian Staff Application

(Print/Type) **FULL LEGAL NAME** _____ **E-MAIL** _____

PERMANENT ADDRESS _____ **PHONE ()** _____
(Street, Route, Box, Apt No) (City, State, Zip)

COLLEGE ADDRESS _____ **PHONE ()** _____
(Street, Route, Box, Apt No) (City, State, Zip)

(Check address to which mail should be sent)

Yes. I certify that I will be the minimum age for the position for which I am applying.

INDICATE POSITION CHOICES: 1st, 2nd, & 3rd (Minimum age is listed after position.) **List relevant Merit Badges earned on back.**

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|------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| ___ Aquatics Director 21 | ___ Trading Post Director 18 | ___ Field Sports Instructor 18 | ___ First Aid Instructor 16 |
| ___ Scoutcraft Director 18 | ___ Dining Service Director 18 | ___ Pathfinder Instructor 16 | ___ Counselor in Training 14 |
| ___ Field Sports Director 21 | ___ Pathfinder Director 18 | ___ Aquatics Asst. Director 18 | ___ High Adventure Instructor 18 |
| ___ Medical Officer 18 | ___ Ecology Director 18 | ___ Scoutcraft Instructor 16 | ___ Crafts & Skills Instructor 16 |
| ___ Crafts & Skills Dir. 18 | ___ Program Director 21 | ___ Dining Service Staff 18 | ___ Assistant Ranger 16 |
| ___ High Adventure Dir. 21 | ___ Aquatics Instructor 15 | ___ Ecology Instructor 16 | ___ ATE Instructor 16 (Eagle) |
| ___ ATE Director 18 (Eagle) | ___ Trading Post Clerk 15 | ___ Aquatics Instructor/lifeguard | ___ Other (list): _____ |

SALARY REQUIRED PER WEEK IN ADDITION TO ROOM AND BOARD \$ _____

DESCRIBE YOUR WORK/VOLUNTEER EXPERIENCE

SCOUTING Troop/Post/Crew No. _____ Highest Rank _____ Offices held _____ CAMP STAFF Camp & date/s _____ Position/s _____ Camp & date/s _____ Position/s _____ EMPLOYMENT (if none list N/A) Current _____ Position & date _____ Previous _____ Position & date _____	FIRST AID & AQUATICS Certification title _____ Expiration date _____ Certification title _____ Expiration date _____ EDUCATION Highest level _____ School/college _____ Degree/date _____ GPR/Ave Grade _____ Major/Minor _____ VOLUNTEER ORGANIZATIONS _____ _____ _____	TRAINING BSA Camp School Date _____ Subject _____ JLT date _____ Other & date _____ TEACHING or YOUTH RELATED WORK Organization & date _____ Position/job _____ Organization & date _____ Position/job _____ ACTIVITIES/CLUBS (List offices held) _____ _____ _____
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OPTIONAL ATTACHMENTS: 1) Resume/qualification list, 2) Photo, 3) additional information

LIST REFERENCES (Such as Scoutmaster, employer, Camp Director, school official, professor, volunteer organization)

Name and Title _____ Organization _____

Address _____ Day Phone _____

Name and Title _____ Organization _____

Address _____ Day Phone _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

I agree to live by the Scout Oath and Law, and I subscribe to the BSA Declaration of Religious Principle. I understand that a criminal background check may be performed for adults 18 years of age and older. I am or will become a registered member of the Boy Scouts of America.

Signature _____ Date _____

Applicant's Social Security Number _____ (optional) Date of Birth _____ (optional)

Parent's Signature (under 18 years) _____ Date _____

RETURN TO: Camp Director, Blue Ridge Council, PO Box 339, Greenville, SC 29662 (Phone 864-233-8363)