

CAMP SHENANDOAH 2012 / STONEWALL JACKSON AREA COUNCIL COUNSELOR IN TRAINING/VOLUNTEER STAFF APPLICATION

Must be older than 14 years old on June 1, 2012

Please Print or Type Clearly.

Date: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP _____

Best Contact Phone # (_____) _____ Email: _____

T-Shirt Size: ___S ___M ___L ___XL ___XXL ___XXXL

Previous Camp Experience: _____

Areas in which I can help:

_____ Aquatics

_____ Climbing

_____ Kitchen

_____ Medical

_____ Nature

_____ Scoutcraft

_____ Shooting Sports

_____ Timber Mountain

_____ Other (_____)

Camp Dates that I can be available:

Boy Scout Resident Camp

_____ 1st Week: June 17 - 23/4

_____ 2nd Week: June 26 – June 30

_____ 3rd Week: July 1 - 7

_____ 4th Week: July 8 14

_____ 5th Week: July 15 - 21

Webelos Cub Resident Camp: _____ July 22 - 28

Cub Resident Camp: _____ July 29 – July 31

_____ If need I could also attend Staff Setup Week June 10 - 16

_____ If needed I could also assist with Camp Closeout Week August 1 - 4

Please list any special talents or hobbies you have that will be an asset at camp.
(Storytelling, playing an instrument, first aid training, skit performance)

Please list any additional information which you feel may be helpful to know about you.

Please list three references, one should be your Scoutmaster. Provide all information requested.

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Email: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Email: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Email: _____

I understand that by signing this application I consent to residing at Camp Shenandoah during the term of my contract should I be offered a Camp Staff position.

I understand that I will be required to conduct myself in accordance with the Scout Oath and Law and will wear the official Boy Scout uniform or other appropriate uniform as designated by the Camp.

I understand that as a condition of employment at Camp Shenandoah and that all laws applicable in the Commonwealth of Virginia will be enforced, including but not limited to the use of tobacco products, alcohol and any other illegal substances.

I am in good physical condition and if employed will provide an up-to-date physical examination prior to beginning employment.

If employed, I understand that I will be required to be a registered member of the Boy Scouts of America and will support its policies and programs. Depending on the position, I may be required to attend National Camping School before the season begins. National BSA policy requires us to conduct a background check of all potential employees before hiring.

Applicant's Signature

Date

Parent's Signature

Date

Mail to: Program Director – Dee Schartiger
Camp Shenandoah, BSA
PO Box 813
Waynesboro, VA 22980

Or FAX: (540) 943-6676 to Attn: Program Director