

Winter Blast Staff Application

BASIC PERSONAL INFORMATION

Name: _____ (Preferred) _____

Age (at the start of camp): 14-15 16-17 18-20 21+ Gender: M F

Jacket Size (adult sizes only): S M L XL 2XL 3XL 4XL

Phone: _____

Email: _____

Parent Email (if under 18 years): _____

POSITION PREFERENCES (Please choose your top four positions)

Support Staff

- _____ Camp Director
- _____ Ass't Camp Director
- _____ Health Officer
- _____ Office Manager
- _____ Office Clerk
- _____ Commissioner
- _____ Provisional SM
- _____ Assistant Ranger
- _____ Food Service Manager
- _____ Ass't Food Service Manager
- _____ Food Service Staff
- _____ Trading Post Manager
- _____ Trading Post Clerk

Program Directors

- _____ Program Director
- _____ Ass't Program Director
- _____ GBB Director
- _____ ODS Director
- _____ Climbing Director
- _____ Ecology Director
- _____ Media Director
- _____ Shooting Sports Director
- _____ Handicraft Director

Program Instructors

- _____ ATV (16+)
- _____ GBB
- _____ ODS
- _____ Climbing (18+)
- _____ Ecology
- _____ Media
- _____ Shooting (18+)
- _____ Jr Shooting
- _____ Handicraft

HEAR ABOUT CAMP SHANDS!

How did you learn about working at Camp Shands?

- Referred by: _____
- Previous Camp Shands experience
- Former Camp Shands staff member
- Job fair or College job posting
- Camp Shands internet resources
- Scouting event: _____
- Other: _____

For Office Use Only

Date Interviewed: _____ By: _____ Hired: YES NO Salary: \$ _____

Paid CIT Volunteer

Position: _____ Dates of Contract: _____

Comments:

SCOUTING EXPERIENCE

Are you currently registered with the BSA? Yes No Council: _____

Unit #: _____ Current Position: _____ Rank: _____

Length of time as a Scout: _____ As an adult: _____

Please list any experience as a summer camp participant including the camp name: _____

Do you hold any of the relevant certifications?

- CPR
- First Aid
- NRA
- EMT
- Lifeguard
- Swimming Water Rescue
- Climbing Level I or II
- COPE Level I or II
- CPR Professional Rescuer (BLS)
- National Camp School

The position for which you are applying requires long, intensive and irregular work hours. Do you have any physical limitations that preclude you from performing any work? Yes No

Have you ever lived away from home? Yes No

WHY DO YOU WANT TO WORK AT CAMP?

EMPLOYMENT HISTORY

Employer: _____ Supervisor Name: _____

Dates of Employment: _____

Primary Responsibilities: _____

Employer: _____ Supervisor Name: _____

Dates of Employment: _____

Primary Responsibilities: _____

Have you ever been discharged or asked to resign from any job? Yes No

Please list any camp staff experience including position, camp name and dates: _____

PERSONAL REFERENCES

Please include below at least one reference from your unit leader (Scoutmaster, Crew Advisor, etc.)

Name: _____ Title: _____

Organization: _____ Phone: _____

Name: _____ Title: _____

Organization: _____ Phone: _____

Name: _____ Title: _____

Organization: _____ Phone: _____

SIGNATURES

NOTE: Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

You are expected to reside in housing provided by the camp. Family housing is not provided. Camp Management reserves the right to enter your quarters for inspection at its discretion.

I hereby make an application for summer employment; and in accordance with the principals of the organization, subscribe to the Scout Oath, Promise, Law and Declaration of Religious Principle. I agree to be loyal, to cooperate fully with all of the BSA policies, program, and management including those described in this application. I further agree to submit a complete Health and Medical Record upon arrival, if selected.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all my previous employers, schools, and all other references to furnish the information requested. I hereby declare that the information provided by me in this application for employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for discharge.

Applicant Signature: _____

Date: _____

Email Application to
campshands@nfcbsa.org