

EQUAL OPPORTUNITY EMPLOYER

Applicants are not required to provide any information on this application that is prohibited by federal, state, or local law. All applications will be given every consideration, but it's receipt does imply that the applicant will be interviewed or employed. The Sioux Council does not discriminate on the basis of race, color, national origin, sex, religion, age or handicapped status in the provision of employment.

GENERAL EMPLOYMENT INFORMATION

Employees must be registered members of the Boy Scouts of America.

Age requirements

Counselor in Training (CIT) – 14 years old.

Instructors – 15 years old

Directors – 18 years old. Some positions are required by BSA standards to be at least 21 years old.

The principles of the Scout Oath and Law must be practiced as a way of life. Staff members are expected to set the highest example of excellence in Scouting.

Housing and meals are provided to all staff members. Staff members are expected to properly maintain living quarters and always be in attendance at meal times.

References are important and will be reviewed as part of the selection process. Have those you are using as references complete the enclosed reference form and return it directly to the council office at the address listed below.

Apply at anytime. However applications received by November 1st will receive first consideration. Return completed application to:

Camp Director

Sioux Council BSA

800 N. West Ave

Sioux Falls, SD 57104

SCOUTING EXPERIENCE

Tenure in Scouting: Youth _____ Adult _____

Are you currently registered in Scouting? _____ Position: _____ Unit: _____

Rank: _____ Date Earned: _____

Have you attended BSA National Camping School in the last 5 years? _____

Type of National Camping School Certification: _____ Exp: _____

Honors, awards, recognitions (District Award of Merit, Religious Award, etc.):

Training (JLT, NYLT, Woodbadge, etc): _____

Special Activities (Jamborees, Philmont, etc.) _____

Are you a member of the Order of the Arrow? _____ Status: Ordeal Brotherhood Vigil

Briefly describe your leadership experiences: _____

Previous Summer Camp Experience

Position _____ Location _____ Year _____

Position _____ Location _____ Year _____

Position _____ Location _____ Year _____

Long Term Summer Camp Experience

Camp _____ Year _____

Camp _____ Year _____

Camp _____ Year _____

Give the expiration dates for the certificates you hold.

_____ Emergency Medical Technician _____ CPR Certification

_____ Red Cross First Aid _____ Red Cross Lifeguard

_____ BSA Lifeguard _____ Water Safety Instructor

_____ NRA Shooting Instructor

EMPLOYMENT HISTORY

List your three most recent employers. May we contact them? Yes No

Employer Position Supervisor Telephone

Employer Position Supervisor Telephone

Employer Position Supervisor Telephone

PERSONAL REFERENCES

List three adult references. Do not include relatives or employers and at least one should be a Unit Leader. Please include telephone numbers. Also please have 1 reference complete the CAMP STAFF REFERENCE FORM and return it directly to the Council Service Center office.

Name Relationship to you Telephone

Name Relationship to you Telephone

Name Relationship to you Telephone

ADDITIONAL INFORMATION

Have you ever been convicted of a criminal offense (other than a traffic violation)? _____

Explain: _____

Camp policy prohibits the use of tobacco products while on duty with Scouts. Do you agree to refrain from using tobacco while around Scouts at Camp? _____

State Law and Camp Policy prohibits the use of tobacco by people younger than 18 years of age. Do you agree to refrain from using tobacco (if under 18)? _____

National BSA policy prohibits the possession or use of alcoholic beverages on BSA property. Do you agree to neither possess nor use alcohol at camp? _____

WHY I WISH TO BE A MEMBER OF THE LEWIS & CLARK CAMP STAFF

READ AND SIGN BELOW

I hereby make application for summer employment, and in accordance with the principles of the Boy Scouts of America, I promise to subscribe to the Scout Oath and Law. I agree to be loyal to and cooperate fully with all BSA policies, programs, and management including those described in this application. I further agree to submit a completed, current (within 12 months) Health and Medical Record upon my arrival, if selected. I understand that a personal interview may be required before employment will be granted. I understand that completing this application does not guarantee employment.

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 employment is at the will of the Sioux Council and any falsification or misrepresentation in this application is cause for discharge.

Signature _____ Date _____

Signature of Parent/Guardian (if under 18 years of age) _____ Date _____

CAMP STAFF REFERENCE FORM

(NAME) _____ is applying for a seasonal position on the camp staff with the Sioux Council. Staff is responsible for providing quality program to over 2,000 Scouts, Webelos and adult leaders.

We would greatly appreciate your evaluation of this applicant. Please complete this form at your earliest convenience and return to:
Sioux Council, 800 N. West Ave Sioux Falls, SD 57104. All information will be kept confidential.

How long have you known this applicant? Years _____ Months _____

In what capacity do you know the applicant? _____

Please place an (X) under the phrase the best describes this applicant.

	More Than Satisfactory	Satisfactory	Unsatisfactory
APPEARANCE (grooming/dress):	()	()	()
DEPENDABILITY:	()	()	()
INITIATIVE:	()	()	()
ROLE MODEL:	()	()	()
COOPERATION WITH PEERS:	()	()	()
LEADERSHIP:	()	()	()
ATTITUDE:	()	()	()
COMMON SENSE:	()	()	()
ORAL COMMUNICATIONS:	()	()	()
INTEGRITY:	()	()	()

What, in your estimation, is this person's greatest ability? _____

What, in your estimation, might be this person's weakness? _____

Do you know of any reason this application could not serve in a camp leadership role? Yes ___ No ___

RECOMMENDATION: _____ Highly recommend employment
 _____ Recommend employment
 _____ Do not recommend employment

Please put any additional comments on the reverse side.

NAME: _____

Please print

Signature: _____

Phone: _____