

Overland Trails Council
PO Box 1361

Boy Scouts of America
Grand Island, NE 68802-1361

Camp Staff Application

Personal Information (Please type or print clearly on this application)

Name _____ Date _____ Phone () _____
Last First Middle

Address _____ E-Mail Address _____
Street City State Zip

Driver's License # _____ Date of Birth _____ Social Security # _____ - _____ - _____
State MO DAY YR

Education

High School/College Attending _____ Grade _____

Expected Graduation Date _____ Major Field _____ Degree _____

Extra-Curricular Activities/Hobbies _____

Work Experience

Employer _____ Title _____

Dates Employed _____ Supervisor _____ Phone () _____

Duties _____

Employer _____ Title _____

Dates Employed _____ Supervisor _____ Phone () _____

Duties _____

References (should fill out attached reference forms)

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

Scouting Experience

Currently Registered in Troop _____ District _____ Council _____

Current Rank (or highest earned) _____ Current Troop Position _____

Years in Scouting as Youth _____ Years in Scouting as Adult _____

Camps Attended:

Camp _____ Year(s) _____

Camp _____ Year(s) _____

Staff Experience:

Camp _____ Position _____ Year(s) _____

Camp _____ Position _____ Year(s) _____

Order of the Arrow (Circle One) Non-Member Ordeal Brotherhood Vigil

Why do you want to be on Camp Staff? _____

Circle and Rank, in order, your top four preferred positions from the following at Camp Augustine:

Position	Minimum Age	Position	Minimum Age
Camp Director*	21	Program Director*	21
Business Manager*	21	Commissioner*	18
COPE/Tower Director*	21	COPE/Tower Instructor	18
Aquatics Director*	21	Aquatics Instructor	16
Lakefront Director	18	Lakefront Instructor	16
Head Cook	21	Dining Hall Steward	16
Assistant Ranger	18	Food Service Staff	15
Nature Director*	18	Nature Instructor	15
Scoutcraft Director*	18	Handicraft Instructor	16
Webelos Program Director*	21	Scoutcraft Instructor	15
Shooting Sports Director*	21	Archery Director	18
Health Officer	18	Shooting Sports Instructor	15
Trading Post Manager	18	Trading Post Clerk	15
Chaplain*	18	Counselor in Training (CIT)	14
Older Boy Program Director	18	(Not Paid)	

*Position requires certification by a BSA National Camp School

Please circle any relevant experience

Aquatics: Swimming, Lifesaving, Rowing, Canoeing, Sailing, BSA Lifeguard, Motorboating,
NCS Aquatics Certification, Red Cross WSI

Shooting Sports: Archery, Rifle, Shotgun, Black Powder, NCS Shooting Sports Certification,
NRA Hunter Safety Instructor

COPE: COPE Participant, COPE Instructor, Rappelling Participant, Climbing, NCS Climbing Director,
NCS COPE Director

Program: Bugling, Music, Vocal, Instruments, Public Speaking, Ceremonial Teams, Leading Games,
NCS Boy Scout Program Director Certification, NCS Webelos Program Director Certification

Scoutcraft: Camping, Cooking, Pioneering, Orienteering, Backpacking, Hiking, Wilderness Survival,
NCS Outdoors Skills Certification

Ecology: Astronomy, Bird Study, Environmental Science, Fish & Wildlife Management, Forestry,
Geology, Mammal Study, Nature, Reptile & Amphibian Study, Soil & Water Conservation,
NCS Ecology Conservation Certification

Handicraft: Basketry, Leatherwork, Indian Lore, Woodcarving, Space Exploration

Medical Training: First Aid Certification, CPR Certification, CPR Instructor, RN, EMT, Paramedic, M.D.

Mechanical/Trade Skills: CDL, Tractor Operation, Carpentry, Plumbing, Electrical

Other Training: Food Service, NYLT, Troop, Council, Boy Scout Leader Training, Woodbadge,
NCS Camp Management Certification, NCS Commissioner Certification,
NCS Chaplain Certification

Please give any explanation of above experience_____

Have you ever been convicted of a felony, child abuse, or a sexual offense? ____Yes ____No

If selected, the Boy Scouts of America can expect my loyalty to the management, its policies, its programs, and my cooperation with the other staff. I will serve to the best of my ability. I am in good health, and if employed will provide a current physical examination at my own expense.

Applicant's Signature_____

Parent's Signature (if applicant is under 18)_____

Non-Discrimination Policy: Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, gender, or person with disability. Any person who believes he or she has been discriminated against in this program should write to: Administrator, Food and Drug Consumer Service, 2101 Park Center Drive, Alexander, VA 22302.