

# Lake Huron Area Council

## Boy Scouts of America



### Application for Employment for Summer Camp Staff

Please indicate the camp you are applying for:    Camp Rotary    Paul Bunyan Scout Reservation

BSA Registration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Youth    Adult   Unit#: \_\_\_\_\_

Council: \_\_\_\_\_

District: \_\_\_\_\_

Position In Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

(your age at the beginning of camp)  
Minimum age requirement is 14

OA Member?    Yes    No

If yes, please indicate honor level:

Ordeal    Brotherhood    Vigil

Staff Shirt Size: \_\_\_\_\_

**Please indicate the position you are applying for:**

(1=1<sup>st</sup> choice, 2=2<sup>nd</sup> choice, 3=3<sup>rd</sup> choice, etc)

# in parenthesis indicates minimum age requirement

Camp Director (21)	Food Service Director (21)	Ranger (18)
Program Director (21)	Food Service Staff	Ranger Staff
Aquatics Director (21)	Handicraft Director (18)	Scoutcraft Director (18)
Aquatics Instructor	Handicraft Instructor	Scoutcraft Instructor
Archery Director (18)	Health Officer (21)	Shooting Sports Director (21)
Archery Instructor	MADE Director (18)	Shooting Sports Instructor
Business Manager (21)	MADE Instructor	Steward
Camp Clerk	Nature Director (18)	Trading Post Manager (21)
Camp Commissioner (18)	Nature Instructor	Trading Post Staff
Chaplain (18)	PATH/NATOMI Director (18)	Other:
Climbing/COPE Director (21)	PATH/NATOMI Instructor	Other:
Climbing/COPE Instructor	Quartermaster (16)	Other:

## Education

Educational Institution Attended	Dates	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us how your experience, education, & talents would be of benefit to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work Experience

(include BSA Camp Staff employment)

Employer	Dates	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Service?  Yes  No If Yes: \_\_\_\_\_

## Training

Please indicate the training you have received: I = date issued / E = date training expires

### BSA Training

### Health & Safety Training

Basic Leader Training I: _____	Safe Swim Defense E: _____
Youth Protection I: _____	Safety Afloat E: _____
Wood Badge I: _____	BSA Lifeguard E: _____
Camp School E: _____	<u>Other:</u> _____
Section: _____	

CPR (ARC or American Heart) I: _____ E: _____	National Rifle Association I: _____
Basic First Aid (ARC) E: _____	National Archery Assoc. I: _____
ARC WSI E: _____	Hunter Safety Instructor I: _____
ARC Lifeguard E: _____	<u>Other:</u> _____

Please indicate the Merit Badges & Awards you have earned and also the skill areas you are comfortable with:



Archery	Electricity	Motor Boating	Shotgun Shooting
Art	Emergency Preparedness	Music	Small Boat Sailing
Astronomy	Environmental Science	Nature	Snorkeling BSA
Aviation	Fingerprinting	NRA-Marksman	Soil/Water Conservation
Basketry	First Aid	NRA-Marksman 1st Class	Space Exploration
Bird Study	Fish & Wildlife Mgmt	NRA-ProMarksman	Swimming
BSA Lifeguard	Fishing	NRA-Sharpshooter	Theater
Bugling	Fly Fishing	Oceanography	Weather
Camping	Forestry	Orienteering	Wilderness Survival
Canoeing	Geology	Paul Bunyan Woodsman	Wood Carving
Cinematography	Golf	Personal Fitness	Woodwork
Cit/Community	Graphic Arts	Personal Management	World Conservation Awd
Cit/Nation	Indian Lore	Photography	
Cit/World	Insect Study	Pottery	Acting
Climbing	Kayaking BSA	Pioneering	Campfire Program
Collections	Leatherwork	Public Speaking	Song Leading
Communications	Lifesaving	Radio	Story Telling
Computers	Mammal Study	Reptile/Amphibian Study	Teacher
Cooking	Mile Swim	Rifle Shooting	Other:
Duty to God	Model Design & Bldg	Rowing	Other:

### Physical Record

Your employment with the Lake Huron Area Council requires you to have a complete physical examination by a physician using the *Annual BSA Health & Medical Record* form at your expense. This form must be submitted upon your arrival at camp and you can not be employed without it.

Do you have any physical/mental limitation that would preclude you from performing any work for which you are applying? Yes No

If yes, are there accommodations that may be made? (Please describe) \_\_\_\_\_

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In case of an emergency, who should be contacted?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No (You may answer "no" if your conviction has been ordered sealed, expunged, or eradicated) Conviction is not an automatic bar to employment. All of the relevant circumstances surrounding the conviction will be considered in relation to specific job requirements, including how long ago the conviction occurred and the crime involved. Please provide complete information about the conviction by attaching a separate statement.

Are you permitted to become legally employed in this county? Yes No  
(proof of citizenship or immigration status will be required upon employment)

In making this application, it is understood that an investigative report may be made which may include information about your business or personal life. This information may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted, and, when deemed necessary, by obtaining reports from consumer or credit reporting agencies. Under some circumstances, certain reports may be "consumer reports" or "investigative consumer reports" to which, under the Fair Credit Reporting Act, you are entitled, upon your request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Boy Scouts of America.

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 other references to furnish the information requested. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. 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 may result in my disqualification for consideration for employment or in my discharge. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Lake Huron Area Council or myself. I understand that no Council official other than the Scout Executive has any authority to enter in to any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Scoutmaster Signature: \_\_\_\_\_  
(if applicant is a Scout and under 18)

Scoutmaster Phone #: \_\_\_\_\_ Scoutmaster E-Mail: \_\_\_\_\_

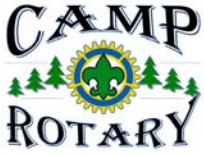
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### Personal References

Name	Address	City	State/Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If applying to Camp Rotary, please send your completed application to:  
Camp Rotary  
3201 S. Clare Avenue  
Clare, MI 48617-9756

If applying to Paul Bunyan Scout Reservation, please send your completed application to:  
Lake Huron Area Council  
P.O. Box 129  
Auburn, MI 48611-0129



# Lake Huron Area Council

Boy Scouts of America



## Personal Employment Reference

Please indicate the camp you are applying for: Camp Rotary Paul Bunyan Scout Reservation

Applicant: \_\_\_\_\_

The above named applicant has applied for employment with the Lake Huron Area Council, Boy Scouts of America, for a Summer Camp Staff position, and has requested that you please provide us with the information requested below. We are required to keep on file at least 3 personal references for each member of our Summer Camp Staff. The applicant was instructed to provide you with a pre-addressed, stamped envelope addressed to: LHAC, P.O. Box 129, Auburn MI 48611-0129 - please do not return this form to the applicant.

Please take a moment to briefly answer the questions below to the best of your knowledge. Thank you in advance for helping us with our selection process and the applicant's possible employment with the Lake Huron Area Council!

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you know the applicant?: \_\_\_\_\_

\_\_\_\_\_

2. In what capacity do you know the applicant?: \_\_\_\_\_

\_\_\_\_\_

3. What would you say are the applicant's strength's?: \_\_\_\_\_

\_\_\_\_\_

4. What would you say are the applicant's weaknesses?: \_\_\_\_\_

\_\_\_\_\_

5. What would you say about the applicant's work ethic?: \_\_\_\_\_

\_\_\_\_\_

6. Would you hire the applicant to work in your organization?: \_\_\_\_\_

\_\_\_\_\_

7. How would you characterize the applicant's problem-solving skills?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Would you recommend the applicant for employment where he/she would be responsible for the teaching/instruction and safety of younger children?: \_\_\_\_\_

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9. Have you ever know the applicant to be untrustworthy? If so, please explain: \_\_\_\_\_

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10. Any additional comments?: \_\_\_\_\_

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**Thank you for your for time - We appreciate your assistance!**

A signed copy of the applicant's *"Release of Information"* statement is available by calling the Lake Huron Area Council Service Center at 989-662-4464 or by e-mail at [info@lhacbsa.org](mailto:info@lhacbsa.org).

**Lake Huron Area Council**

Boy Scouts of America  
5001 S Eleven Mile Road  
Auburn, MI 48611-0129  
<http://www.lhacbsa.org/>

