



BOY SCOUTS OF AMERICA®
CAPITOL AREA COUNCIL

Capitol Area Council
Boy Scouts of America
www.bsacac.org

12500 N IH 35
Austin, TX 78753
(512) 926-6363

Camp Staff 2018 Application

Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Desired Position \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
Number & Street City State Zip

College Address \_\_\_\_\_ Cell Phone \_\_\_\_\_
(If Applicable) Number & Street City State Zip Age as of June 1st, 2018

Scout E-Mail Address \_\_\_\_\_
14 15-17
18-20 21+

Parent / Guardian Information

Name \_\_\_\_\_ Relation \_\_\_\_\_

Parent E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

Scouting Experience (if applicable)

Currently Registered in Troop/Crew \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Current Rank (or highest earned) \_\_\_\_\_ Current Scouting Position \_\_\_\_\_

Years in Scouting as a Youth \_\_\_\_\_ Adult \_\_\_\_\_

Other Awards Earned (Nova, Venturing, etc) \_\_\_\_\_

Check all that apply:

- NYLT Wood Badge Powder Horn
NYLT Staff Wood Badge Staff Powder Horn Staff

Other Club Experience (if applicable)

Currently in \_\_\_\_\_

Current Position \_\_\_\_\_ Past Positions \_\_\_\_\_

Awards Earned \_\_\_\_\_

Years Involved \_\_\_\_\_



# BOY SCOUTS OF AMERICA®

## CAPITOL AREA COUNCIL

---

### Education

High School/College Attending(ed) \_\_\_\_\_ Grade \_\_\_\_\_ Major \_\_\_\_\_

Extra-curricular Activities \_\_\_\_\_

---

### Camping Experience

Any Camp \_\_\_\_\_ Years \_\_\_\_\_

Other Camp Experience \_\_\_\_\_

Past Staff Experience: Camp \_\_\_\_\_ Position(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Camp \_\_\_\_\_ Position(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

---

### Work Experience

Current Employer \_\_\_\_\_ Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Telephone \_\_\_\_\_

Duties \_\_\_\_\_

Previous Employer \_\_\_\_\_ Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Telephone \_\_\_\_\_

Duties \_\_\_\_\_

Previous Employer \_\_\_\_\_ Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Telephone \_\_\_\_\_

Duties \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? \_\_\_\_\_ If so, give details on a separate sheet





Hobbies & Interests

Three horizontal lines for writing hobbies and interests.

Why do you want to be on Camp Staff? followed by three horizontal lines for writing.

References (First time employees: Please have at least one reference fill out the enclosed reference form.)

Three rows of reference information, each with fields for Name, Phone, and Email.

Please rate your expertise in the following areas:

- 1: Have an interest or enjoy subject matter.
2: Completed Merit Badge or basic knowledge in area.
3: Confident in knowledge and skills to teach others. Leave blank if does not apply.

Class Leads

- Working with Elementary Age youth
Working with Middle School age youth

Entertainment

- Singing/ Song Leading
Storytelling
Crafts leader
Sports
Theater and acting

Making Skills

- 3D Printing
3D Design in CAD or Solidworks
Laser Cutting and 2D design
Photography
Photo Editing
Electricity / Electronics
Environmental Science/Ecology
Video making
Programming
Robotics (Lego Mindstorm)
Robotics (Textris or Vex setup)
Exploration
Remote Sensing
Engineering

Medical

- Medical Officer (EMT-B Min)





**BOY SCOUTS OF AMERICA®**  
**CAPITOL AREA COUNCIL**

**Seasonal Employment Reference Form**

(To be completed by References)

Applicant's Name: \_\_\_\_\_

This individual is applying for employment in the summer camping program of Capitol Area Council. Camp staff can number as many as 100 individuals with as many as 600 campers per week. Staff positions are for as long as seven weeks. The success of our operations and the enjoyment of our campers are very dependent on the quality of our camp staff. It is important that competent and mature individuals who are positive role models fill all our staff positions. Your honest evaluation of this applicant will be greatly appreciated. Please complete this form and mail to the address below at your earliest convenience. Thank you for your time.

**How well do you know this applicant?**

\_\_\_\_ Very Well                      \_\_\_\_ Casually                      \_\_\_\_ Rather Weak                      \_\_\_\_ I Don't Know This Person

**Circle the words that best describe the applicant's behavior**

<b>Attitude:</b>	Positive	Acceptable	Negative
<b>Dependability:</b>	Always	Usually	Irresponsible
<b>Speaking Ability:</b>	Very Verbal	Satisfactory	Limited Ability
<b>Leadership:</b>	Take Charge	When Asked/Directed	Follower
<b>Appearance (Grooming &amp; Dress):</b>	Well Groomed	Usually Neat	Messy
<b>Initiative:</b>	Self-Motivated	Average Drive	Lazy
<b>Common Sense:</b>	Sound	Occasionally	None
<b>Integrity:</b>	Trustworthy	Usually Reliable	Lacking
<b>Personality:</b>	Outgoing	Pleasant	Bland
<b>Teamwork:</b>	Team Player	Cooperative	Obstructionist

**Would you entrust the care of your children to this individual?**      \_\_\_\_ Yes      \_\_\_\_ No

**Recommendation:**      \_\_\_\_ Highly Recommended  
    \_\_\_\_ Recommend Employment  
    \_\_\_\_ Do Not Recommend Employment

Signature: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please add any additional comments you wish to share on the reverse side.**  
**Mail to: TechLAB Program Director, Capitol Area Council, 12500 N IH 35, Austin, TX 78753**

