



Michigan Crossroads Council

Boy Scouts of America



Application for Employment for Summer Camp Staff

Please indicate the camp you are applying for:

Please choose the type of employment you are applying for:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ E-Mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Drivers License #: _____

Issuing State: _____

Please list the dates you are available:

BSA Registration:

Youth Adult Unit#: _____

Council: _____

District: _____

Position In Unit: _____

Rank: _____

OA Member? Yes No

If yes, please indicate honor level:

Ordeal Brotherhood Vigil

Staff T-Shirt Size: _____

Please indicate the position you are applying for:

(1= first choice, 2= second choice, 3= third choice, etc)

in parenthesis indicates minimum age requirement / *Requires National Camp School

Camp Director (25)*	Food Service Director (21)	Ranger (18)*
Program Director (19)*	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	Technology Director (18)	Shooting Sports Instructor
Business Manager (21)	Technology Instructor	Dining Hall Steward
Camp Clerk	Nature Director (18)	Trading Post Manager (21)
Camp Commissioner (18)*	Nature Instructor	Trading Post Staff
Chaplain (18)	First Year Camper Director (18)	Den Chief
Climbing/COPE Director (21)*	First Year Camper Instructor	Other:
Climbing/COPE Instructor	Quartermaster (16)	Other:

I certify that I meet the minimum age requirements of the position(s) for which I have applied.

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

Leader Specific Training I: _____	Safety Afloat E: _____
Youth Protection I: _____	BSA Lifeguard E: _____
Wood Badge I: _____	Paddle Craft Safety E: _____
Camp School E: _____	Swimming & Water Rescue E: _____
Section: _____	Weather Hazard E: _____
Safe Swim Defense E: _____	Other: _____

CPR (ARC or American Heart) E: _____	Wilderness First Responder E: _____
Basic First Aid (ARC) E: _____	National Rifle Association I: _____
ARC WSI E: _____	National Archery Assoc. I: _____
ARC Lifeguard E: _____	Hunter Safety Instructor I: _____
Professional Rescuer E: _____	Leave No Trace __ Trainer __ Master Educator
	Other _____

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



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

Physical Record

Your employment with the Michigan Crossroads 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.

All applicants must apply for Michigan Department of Health & Human Services (DHS) registry clearance.

Please list any awards/achievements that you feel will be helpful regarding your employment at camp:

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 Michigan Crossroads Council.

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 Michigan Crossroads Council or myself. I understand that no Council official other than the Scout Executive, or his/her designee, 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: _____

Personal References

Name	Address	City	State/Zip	Phone

Please send your completed application to:

Office Use Only

Michigan Crossroads Council
507 West Atherton Road
Flint, MI 48507

Date Received _____