

Today's Date: _____

FOXFIRE/NYLT Staff Application

Please Print Clearly in Ink

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Street City State Zip

E-Mail Address: _____ Check One: Adult Youth

Will be available for staffing (give exact dates): From: _____ To: _____

CERTIFICATION

Do you have:	YES	NO	Expiration Date
1. A BSA National Camping School Certificate? <input type="checkbox"/> Aquatics <input type="checkbox"/> Shooting Sports <input type="checkbox"/> Ecology/Conservation <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. An American Red Cross Water Safety Instructor's Certificate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Other Aquatic or Lifesaving Training: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. NRA Rifle/Shotgun Instructor's Certificate, RSO, Archery Level 1 / 2 ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. EMT Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Advanced First Aid Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. CPR Certification?	<input type="checkbox"/>	<input type="checkbox"/>	_____

SCOUTING EXPERIENCE

1. Are you currently registered in Scouting? Yes No

If registered, list position(s) held: _____

Unit number: _____

Council registered in: _____

District registered in: _____

3. Youth Scouting Experience:

_____ Years in Cub Scouts

_____ Years in Boy Scouts

_____ Years in Venturing or Exploring

Highest Scout Rank: _____

2. Past Adult / Youth Scouting Registration:

Position	Council	Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are you a member of the Order of the Arrow?

Yes No

Ordeal Brotherhood Vigil

5. BSA Training

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Cub Scout Leader Basic Training | <input type="checkbox"/> ILSC |
| <input type="checkbox"/> Boy Scout Leader Basic Training | <input type="checkbox"/> ILST |
| <input type="checkbox"/> Wood Badge Training | <input type="checkbox"/> Foxfire |
| <input type="checkbox"/> BSA Youth Protection Training | <input type="checkbox"/> NAYLE |
| | <input type="checkbox"/> Kodiak |

CAMP EXPERIENCE

1. As a Scout:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. As a Scout Camp Staff Member:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Adult Scouting:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Non-Scout Camps Attended:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAINING STAFF EXPERIENCE

1. Youth Staff Experience:

<u>Course</u>	<u>Council</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Adult Staff Experience:

<u>Course</u>	<u>Council</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

Highest grade completed: _____
Major: _____

School: _____
Other: _____

OTHER RELATED EXPERIENCE/QUALIFICATIONS

Sports: _____

Musical: _____

Hobbies: _____

Talents: _____

Clubs/Associations: _____

Awards: _____

Other: _____

CAREFULLY READ THE FOLLOWING STATEMENTS BEFORE SIGNING

I, the undersigned, understand that:

- A. I will be required to become registered as a member of the Boy Scouts of America, and to have a current Annual Health & Medical Record examination (within one year). A criminal background check is conducted on all adult registrants.
- B. The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Boy Scouts of America or the California Inland Empire Council, Inc.
- C. Rules for acceptance and participation in the training /camp program and staff are the same for everyone without regard to race, color, national origin, age, sex or handicap.
- D. In signing this application, I affirm that the information that I have given herein is true and correct.

Applicant's Signature: _____ Date: _____

Signature of parent or guardian (if under age 18) _____ Date: _____
