



BOY SCOUTS OF AMERICA®

CALIFORNIA INLAND EMPIRE COUNCIL



Today's Date: _____

Application for Seasonal Summer Camp Staff

Please Print Clearly in Ink

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____
Street City State Zip

E-Mail Address: _____

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

Area of Interest

Please indicate your top three preferences. List any special skills, experience or qualifications you possess for that position.
If hired, camp management reserves the right to re-assign staff.

- Aquatics**
experience: _____
- Archery**
experience: _____
- COPE**
experience: _____
- Handy Crafts**
experience: _____
- Kitchen Staff**
experience: _____
- Medic**
experience: _____
- Nature**
experience: _____
- STEM**
experience: _____
- Shooting Sports**
experience: _____
- Outdoor Skills**
experience: _____
- Trading Post**
experience: _____

Other skills, qualifications, training, experience, or certification

Other: _____

Sports: _____ Musical: _____

Hobbies: _____ Talents: _____

Clubs/Associations: _____

Awards: _____

Are you currently registered in Scouting? Yes No

Unit number: _____ Council: _____

Position(s): _____

Are you permitted to become lawfully employed in the United States? Yes No
(Proof of citizenship or immigration status is required upon employment – Form I-9)

Camp Staff Experience (if any)

Camp: _____ Program Area: _____ Date: _____

Camp: _____ Program Area: _____ Date: _____

Camp: _____ Program Area: _____ Date: _____

EMPLOYMENT EXPERIENCE

(List most recent)

Employer/Position	Address	Phone #	From	To
		()		
		()		
		()		

PERSONAL REFERENCES

(List at least three)

Reference	Address	Phone #	How long known?

EDUCATION

Highest grade completed: _____ School: _____

Major: _____ Other: _____

CAREFULLY READ THE FOLLOWING STATEMENTS BEFORE SIGNING

I, the undersigned, understand that:

- A. If employed on the Council Camp Staff, I will be required to become registered as a member of the Boy Scouts of America, and to have a current (within one year) medical examination. 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 camp program and staff are the same for everyone without regard to race, color, national origin, age, sex or handicap. The California Inland Empire Council is an Equal Opportunity Employer.
- 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: _____

Please email this application to campemerson@scouting.org or deliver to 1230 Indiana Court Redlands, CA 92374 For questions please call 909-793-2463

