

# CAMP CROOKED CREEK

## STAFF, CIT AND "STAR" STAFFER APPLICATION

### AN EQUAL OPPORTUNITY EMPLOYER

Applicants are not required to give information on this form that is prohibited by Federal, State or Local Law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applicants accepted for employment are on a trial basis with a probationary period and if, in our judgment, it is found misrepresented, the engagement may be terminated without other reason. In connection with your application for employment, an investigation may be made requesting information as to character, general reputation, personal characteristics and mode of living. Fill out the application completely.

CHECK THE APPROPRIATE BOXES: A recent photo should be attached if applying for Camp Staff or CIT.

Applying for: \_\_\_ Staff Member (16 & older) \_\_\_ Counselor in Training (CIT) (15 & older) \_\_\_ STAR Staffer  
(Exception: 15 year olds who worked as CIT at CCC during 04 may apply as a staff member.)

(\*Star staffer is registered leader who can assist during their week at camp. STAR Staffer only complete sections I, II and V.)

**PLEASE PRINT:**

**Date of Application:** \_\_\_\_\_

### Section I: Personal Information

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

Last

First

Middle

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

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

Home Phone #: \_\_\_\_\_ Work/School #: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Age of June 1st: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Condition of Health: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

(As a condition of employment, applicants must have a medical examination.)

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

### Section II: Work/School Experience/Specialized Training

Most Current Work Experience: \_\_\_\_\_ Dates: \_\_\_\_\_

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_ Major: \_\_\_\_\_ Date: \_\_\_\_\_

Post College Schooling: \_\_\_\_\_ Date: \_\_\_\_\_

Technical/Vocational: \_\_\_\_\_

Other Special Training: \_\_\_\_\_

Extra-Curricular: \_\_\_\_\_

Leadership Positions most proud of: \_\_\_\_\_

#### Give Dates of Following (if applicable):

Red Cross Lifesaving: \_\_\_\_\_ Jr. Red Cross Lifesaving: \_\_\_\_\_

NRA Instructor: \_\_\_\_\_ Cope Training: \_\_\_\_\_

CPR Training: \_\_\_\_\_ Which Association: (Red Cross, American Heart, etc): \_\_\_\_\_

Red Cross Water Safety Instructor: \_\_\_\_\_ Instructor Aide: \_\_\_\_\_

Other: \_\_\_\_\_

### Section III: Scouting Experience

Number of Years in Scouting: \_\_\_\_\_ Last Rank: \_\_\_\_\_

Current Registration: Council: \_\_\_\_\_ District: \_\_\_\_\_ Unit #: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

Camp Staff Positions previously held:

1. Camp: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

2. Camp: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

3. Other: \_\_\_\_\_

Please List Experience & Dates:

High Adventure Base: \_\_\_\_\_ Jamboree: \_\_\_\_\_

Order of the Arrow: Ordeal: \_\_\_\_\_ Brotherhood: \_\_\_\_\_ Vigil: \_\_\_\_\_

National BSA Camp School: \_\_\_\_\_ National BSA Aquatic School: \_\_\_\_\_  
BSA Lifeguard: \_\_\_\_\_ BSA Junior Leader Training: \_\_\_\_\_  
Scout Leader Training: \_\_\_\_\_ Wood Badge: \_\_\_\_\_  
Other: \_\_\_\_\_  
Merit Badges I am comfortable teaching: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are still registered in a Scout Troop, we need your unit leader's approval.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit #: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ Phone # (W): \_\_\_\_\_  
Leader's Signature: \_\_\_\_\_

**Section IV: References & Emergency Contact:**

REFERENCES: (Adults, not parents or relatives) including previous employer.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section V: Camp Position Request: (If known)**

Department

1st. Choice: \_\_\_\_\_ Position: \_\_\_\_\_  
2nd. Choice: \_\_\_\_\_ Position: \_\_\_\_\_  
3rd. Choice: \_\_\_\_\_ Position: \_\_\_\_\_

I would be an excellent asset to Camp Crooked Creek Staff because...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is assumed that all camp staff applicants will work staff week plus all 6 sessions of camp June 5 - July 23. Please indicate dates and reason if you must miss any time during your hire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions that effect employment availability dates (Philmont/High Adventure Base trip, special family vacation, Jamboree, National Order of the Arrow Conference, school, football, military reserve, etc.) must be identified at the time of the interview.

If selected, the Boy Scouts of America can expect my loyalty to the management, its policies and programs and my full cooperation with other members of the staff. I will serve to the best of my ability for the entire camping season in the position, which I am assigned. I am in good physical condition and if employed, will provide an up-to-date physical examination, at my own expense. I agree to obtain an official Boy Scout Uniform.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

(For applicants under 18 years of age)

**RETURN YOUR COMPLETED APPLICATION TO:  
SUMMER CAMP DIRECTOR  
P.O. BOX 36273  
LOUISVILLE, KY 40233-6273**