

# LEON J. CARMAN CUB SCOUT DAY CAMP, 2010

## VOLUNTEER STAFF APPLICATION

*Applicants are not required to give any information 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 are accepted for employment on a trial basis with a probationary period and if, in our judgment, it is found during this period that the employee is not adapted to the work assigned, or that information has been misrepresented, the employment may be terminated without reason. In connection with this application, an investigation may be made requesting information as to your character and general reputation. Information as to the nature and scope of any investigation requested will be furnished to you upon written request.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**You must be registered with the Boy Scouts of America.** Current BSA registration:  
Unit: \_\_\_\_\_ Town \_\_\_\_\_ District \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_ I am not currently registered with the BSA. Please give me a registration form.

Have you ever been convicted of a felony? Y / N

For which camp session(s) are you applying? (Please circle all that apply):

1, July 5-9    2, July 12-16    3, July 19-23    4, July 26-30

Do you have any restrictions on your availability? \_\_\_\_\_

Volunteer staff members receive a camp staff T-shirt. Your adult T-shirt size: M L XL 2XL

**Please indicate desired position(s) and specific areas in order of preference (note required ages/certifications):**

- Camp Director (21; National Camp School)     Program Director (21; National Camp School)
- KidTown (21)     Health Officer (18; EMT, RN, LPN, MD)     Camp Commissioner     Area Director (18)
- Archery (18)     BBs (18)     Program Assistant (16)     Program Aid/Den Chief (14)     Arts & Crafts
- Sports and Games     Fishing     Nature     Scoutcraft

Have you ever worked at Cub/Scout Camp? Y / N    If yes, please list years and positions: \_\_\_\_\_  
\_\_\_\_\_

Special training taken (e.g., National Camp School, Shooting Sports, etc.) with date. Please attach a copy of your trained card: \_\_\_\_\_  
\_\_\_\_\_

Give any additional information relating to the position applied for: \_\_\_\_\_  
\_\_\_\_\_

REFERENCES: Please submit three letters of reference to Western Massachusetts Council, Cub Scout Day Camp, 249 Exchange Street, Chicopee, MA 01013. Please ask your references to include a telephone number for convenient follow-up. **For Boy Scouts, Venturers, and Explorers, a recommendation from your Scoutmaster or Advisor is required.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

LEADER'S SIGNATURE (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

You will be given and asked to submit additional forms, including a CORI, at the staff training for your week of day camp.