



# Camp Orr High Adventure Base

## Westark Area Council Application for Employment - Seasonal Camp Staff

An Equal Opportunity Employer

The Westark Area Council, Boy Scouts of America, is an equal opportunity employer. The Westark Area Council does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical disability, military status, or unfavorable discharge from military service.

In accordance with Boy Scouts of America qualifications and requirements, I hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principle. I agree to abide by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America.

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

All camp staff members must be registered members of the Boy Scouts of America.

### PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alternate Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Age 18 or older? Yes  No

Relative employed by the council? Yes  No

Have you been previously employed by the BSA? If relative employed, name: \_\_\_\_\_

Yes  No  If yes, council name and camp: \_\_\_\_\_

### EDUCATION:

Highest degree OR current year of school: \_\_\_\_\_

GPA: \_\_\_\_\_ Graduated: Yes  No

Major: \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_

### LICENSES AND CERTIFICATIONS: (Attach information about other licenses or certifications on a separate sheet.)

License or Certificate: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License No. (if applicable): \_\_\_\_\_

Issued by: \_\_\_\_\_

State/Country: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### SPECIALIZED SKILLS AND TRAINING: (List all skills and training applicable to camp staff.)

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

Name: \_\_\_\_\_  
LAST FIRST MI

**SCOUTING EXPERIENCE** (Not mandatory for employment)

Number of Years as: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Council: \_\_\_\_\_ Unit: \_\_\_\_\_

Current Position: \_\_\_\_\_ Other Positions Held: \_\_\_\_\_

Highest Youth Rank: \_\_\_\_\_

Achievements: \_\_\_\_\_

Special Training Completed: \_\_\_\_\_

**PRIOR WORK EXPERIENCE**

Include any employment prior to today's date, even if that employment has not ended. For more than two employers, submit the information in the same format on another sheet. Include military experience as if an employer, including branch, rank, and date of discharge. Include past summer camp experience as well.

**Last/Current Employer:** \_\_\_\_\_ May we contact your current employer? Yes  No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_ Ending Position or Rank: \_\_\_\_\_

Reason for Leaving\*: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_ Ending Position or Rank: \_\_\_\_\_

Reason for Leaving\*: \_\_\_\_\_

\*Have you ever been terminated or asked to resign from any job? \_\_\_\_\_ If so, give details on a separate sheet.

**REFERENCES**

New applicants should submit three references, not related to you, one from each category listed below. Please have each reference complete a Camp Staff Reference Form and return it to the Council address provided.

1. **Adult member of Scouting unit, college official or current employer:**
2. **Community organization leader or past employer:**
3. **Teacher, supervisor, or associate:**

Name	Phone & Email	Company/Organization	Years Acquainted
1.			
2.			
3.			



