



BOY SCOUTS OF AMERICA®
CAPITOL AREA COUNCIL

Capitol Area Council
Boy Scouts of America
www.bsacac.org

Camp Staff 2020 Application

12500 N IH 35
Austin, TX 78753
(512) 926-6363

Personal Information

Name _____ Date _____

Desired Position _____

Home Address _____ Home Phone _____
Number & Street City State Zip

College Address _____ Cell Phone _____
(If Applicable) Number & Street City State Zip

E-Mail Address _____ Age as of June 1st, 2020
[] 14 [] 15-17
[] 18-20 [] 21+

Parent / Guardian Information (if under 18 yrs.)

Name _____ Relation _____

Parent E-Mail Address _____ Phone # _____

Scouting Experience (if applicable)

Currently Registered in Troop/Crew _____ District _____ Council _____

Current Rank (or highest earned) _____ Current Scouting Position _____

Years in Scouting as a Youth _____ Adult _____

Other Awards Earned (Nova, Venturing, etc) _____

Check all that apply:

- [] NYLT [] Wood Badge [] Powder Horn
[] NYLT Staff [] Wood Badge Staff [] Powder Horn Staff

Other Club Experience (if applicable)

Currently in _____

Current Position _____ Past Positions _____

Awards Earned _____

Years Involved _____



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Education

High School/College Attending(ed) _____ Grade _____ Major _____

Extra-curricular Activities _____

Work Experience

Title

Dates Employed

Current Employer

Business Telephone

Supervisor

Duties

Previous Employer _____ Title _____ Dates Employed _____

Supervisor _____ Business Telephone _____

Duties _____

Previous Employer _____ Title _____ Dates Employed _____

Supervisor _____ Business Telephone _____

Duties _____

Have you ever been terminated or asked to resign from any job?

If so, give details on a separate sheet

Dates Available for Employment (mm/dd/yyyy) Start Date _____ End Date _____

Camp season runs June 15th through July 24th (Dates may change)

**** Preference will be given to staff that can attend Staff Week (June 8- June 11) unless staffing NYLT**

List any additional dates during camp you will not be available _____





Hobbies & Interests

Three horizontal lines for writing hobbies and interests.

Why do you want to be on Camp Staff? followed by four horizontal lines for writing.

References (First time employees: Please have at least one reference fill out the enclosed reference form.)

Three rows of reference information fields: Name, Phone, and Email.

Please rate your expertise in the following areas:

- 1: Have an interest or enjoy subject matter.
2: Completed Merit Badge or basic knowledge in area.
3: Confident in knowledge and skills to teach others.
Leave blank if does not apply.

Class Leads

- Working with Elementary Age youth
Working with Middle School age youth

Entertainment

- Singing/ Song Leading
Storytelling
Crafts leader
Sports
Theater and acting

Making Skills

- 3D Printing
3D Design in CAD or Solidworks
Laser Cutting and 2D design
Photography/Photo Editing
Animation
Electronics
Environmental Science/Ecology
Video making
Programming
Robotics (Lego Mindstorm)
Robotics (Textris or Vex setup)
Woodworking
Welding
Engineering

Medical

- Medical Officer (EMT-B Min)





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Seasonal Employment Reference Form

(To be completed by References)

Applicant's Name: _____

This individual is applying for employment in the summer camping program of Capitol Area Council. Camp staff can number as many as 100 individuals with as many as 200 campers per week. Staff positions are for as long as five weeks. The success of our operations and the enjoyment of our campers are very dependent on the quality of our camp staff. It is important that competent and mature individuals who are positive role models fill all our staff positions. Your honest evaluation of this applicant will be greatly appreciated. Please complete this form and mail to the address below at your earliest convenience. Thank you for your time.

How well do you know this applicant?

____ Very Well ____ Casually ____ Rather Weak ____ I Don't Know This Person

Circle the words that best describe the applicant's behavior

- | | | | |
|---|----------------|---------------------|-----------------|
| Attitude: | Positive | Acceptable | Negative |
| Dependability: | Always | Usually | Irresponsible |
| Speaking Ability: | Very Verbal | Satisfactory | Limited Ability |
| Leadership: | Take Charge | When Asked/Directed | Follower |
| Appearance (Grooming & Dress): | Well Groomed | Usually Neat | Messy |
| Initiative: | Self-Motivated | Average Drive | Lazy |
| Common Sense: | Sound | Occasionally | None |
| Integrity: | Trustworthy | Usually Reliable | Lacking |
| Personality: | Outgoing | Pleasant | Bland |
| Teamwork: | Team Player | Cooperative | Obstructionist |

Would you entrust the care of your children to this individual? ____ Yes ____ No

- Recommendation:** ____ Highly Recommended
 ____ Recommend Employment
 ____ Do Not Recommend Employment

Signature: _____ Relationship to Applicant: _____ Date: _____

Please Print Name: _____ Phone Number: _____ Email: _____

Please add any additional comments you wish to share on the reverse side.
Mail to: TechLAB Program Director, Capitol Area Council, 12500 N IH 35, Austin, TX 78753

