

NNJC-BSA CAMP STAFF APPLICATION

Northern NJ Council
Boy Scouts of America: Paul Kuipers
25 Ramapo Valley Road
Oakland, New Jersey, 07436
201-677-1000

Date: _____

Current Age: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____ E-mail _____

School _____ Phone # _____

Parent E-mail (if under 18): _____

-- APPLYING FOR THE FOLLOWING POSITION (S) IN ORDER OF PREFERENCE:

Camp No-Be-Bo-SCO

Floodwood Mtn

Camp Yaw Paw (Day Camp)

Age 21 or Over		Age 18 or Over		Age 15 or Over	
Camp Director *		Asst. Aquatics Director		Aquatics Instructor (16)	
Assistant Camp Director		Cub BB range Director		Ecology Instructor	
Program Director *		Archery Director		Scout craft Instructor	
Business Manager		Dining Hall		Quartermaster	
Aquatics Director *		Scout craft Director		Handicraft Instructor	
Cub Aquatics Supervisor *		Assistant Cook		Camp Clerk	
Camp Commissioner *		Crafts Director		Kitchen Aide	
Chaplain		Commissioner		Trading Post Clerk	
Cook		Sports Director		Den Chief	
Health Officer		Floodwood Voyager			
Shooting Sports Director *				Age 14 / 15	
				Counselor in Training (CIT)	
				(2-week commitment)	
* Requires Completion of National Camping School Certification					

● US Citizen Yes No if not, have you declared your intention to become a citizen? Yes No

● I am available for an interview: Date: _____

● Dates available for work: From: _____ To: _____

Scoutmaster Recommendation (Signatures) _____ Date: _____
(If current member of the BSA. BSA Membership is not required to apply but is required if hired.)

Applicant's Signature (I Certify the above is true) _____ Date: _____

Parent Signature (if applicant is under 18): _____ Date: _____

EMPLOYMENT HISTORY –

Please list your last two employers starting with the most recent

1	2
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Position:	Position:
Dates:	Dates:

WORK REFERENCES (Provide all information requested, please list three references, not from your family, ask them if it is okay to use them as a reference.)

1

Name:	Position/Title
Address:	
City, State, Zip:	
Phone (H) _____ (B) _____	Relationship

2

Name:	Position/Title
Address:	
City, State, Zip:	
Phone (H) _____ (B) _____	Relationship

3

Name:	Position/Title
Address:	
City, State, Zip:	
Phone (H) _____ (B) _____	Relationship

● I give permission for a questionnaire to be sent to the above references, requesting each one's evaluation of my, Character, skills and leadership qualities _____ Yes _____ No

● Have you ever been convicted of a criminal offense? _____ Yes _____ No

If yes, please explain: _____

SCHOOL EXPERIENCE:

Name of current school: _____ Grade Average: _____

Last grade completed: _____ Course or Major: _____

Extra curricular activities (List)	Leadership Positions (List)

EMERGENCY CONTACTS

	Daytime Phone	Employer
Parent / Guardian		
Spouse / Significant Other		
Non-Family Member		
Other Contact		

Scouting Experience

Are you a registered Scouter? Yes No if not, I understand I will be required to register with the Boy Scouts of America.

If Yes: Registered in Pack / Troop / Post / Crew # _____ Town: _____

Council Name: _____ District Name: _____

Position in Scouting: _____ Rank: _____

Length of time as a Cub Scout _____ Boy Scout: _____ Post: _____ Crew: _____ Adult: _____

MERIT BADGES EARNED

AQUATICS	HANDICRAFTS	FIELD SPORTS
Swimming	Leatherwork	Archery
Lifesaving	Basketry	Rifle
Canoeing	Indian Lore	Shotgun
Sailing	Woodcarving	Fishing
Rowing	Metalwork	Athletics
Other	Other	Other

ECOLOGY			GENERAL
Nature	Bird Study	Reptile Study	First Aid
Environmental Science	Weather	Soil & Water Conservation	Emergency Preparedness
Forestry	Astronomy	Fish & Wildlife Management	Personal Fitness
Mammals	Plant Science	Other	
Insect Study	Geology	Other	

SCOUTCRAFT	OTHER AWARDS EARNED IN SCOUTING	
Camping	Snorkeling	Lifesaving Award
Cooking	Mile Swim	Scouter's Key
Pioneering	Scouter's Training Award	BSA Lifeguard
Orienteering	Conservation Award	Woodbadge
Backpacking	Order of the Arrow	
Hiking	OTHER AWRDS	
Other		
Other		
Other		

CAMP EXPERIENCE				
As A Camper		As Camp Staff		
Camp Attended	Dates Attended	Position Held	Camp	Year

OTHER EXPERIENCE		
Program Experience	Maintenance Experience	Truck Operation
Song Leading	Truck Repair	Current Driver's License
Music Merit Badge	Carpentry Experience	Stick Shift Driving Experience
Campfires	Electrical Experience	Automatic Shift Driving Experience
Leading Games	Plumbing Experience	Other
Other	Other	Other
Other	Other	Other

CERTIFICATIONS HELD

National Camp School:

Certified in _____ Exp. Date: _____

Certified in _____ Exp. Date: _____

BSA Lifeguard: Date Received _____ **(Annual renewal required)**

CPR (8 Hour Course) Date Received _____ **(Annual renewal required) Organization;** _____

Advanced First Aid Certificate: Date Received: _____ **Organization;** _____

Other certifications, which would be of benefit:

_____ **Date Received:** _____

_____ **Date Received:** _____

HOBBIES (Other interests)

BOY SCOUTS DECLARATION OF RELIGIOUS PRINCIPLE:

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing his obligation to God and, therefore, acknowledges the religious element in training of the member, but it is absolutely nonsectarian in its attitude toward the religious training. It's policy that the organization or institution with which the member is connected shall give definite attention to his or her religious life. Only persons willing to agree with this declaration of principals and the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership. **Do you agree with the Declarations of principals?** ___Yes ___No

I will meet the minimum age of 14 by June 20 ___ Yes ___ No ___ **Are you 18 years of age** ___ Yes ___ No

ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON

Exceptions must be requested during interviews.

All dates subject to change with attendance.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or veteran status or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned. Mail completed applications to the address at the start of the application or you can e-mail completed applications to Paul.Kuipers@Scouting.org.

DO NOT WRITE IN THIS SPACE---FOR COUNCIL USE ONLY

Date application received: _____ Interview date: _____ By: _____

Position considered for: _____ Hired for: _____ Salary: _____

Contract sent: _____ Tax form: _____ Proof of citizenship: _____ Medical: _____

Contract Received: _____ Working papers: _____

Approval: _____ Date: _____