APPLICATION FOR EMPLOYMENT

(Please Print) NAME:		
Last	First	Middle
/EAR:		

COUNSELOR IN TRAINING STAFF APPLICATION

Three Harbors Council Boy Scouts of America

PUT YOURSELF IN THE CAMP STAFF PICTURE

A recent picture may accompany this application

JOIN THE CAMP STAFF...

The Three Harbors Council has earned an enviable reputation over the past years by providing boys with a great camping experience. Opportunities to serve Scouting by being a member of the Three Harbors Council Camp Staff are available to outstanding members of the Boy Scouts of America. The requirements are stiff; the jobs demanding; the experiences exhilarating! Why don't you become one of this select group?

GENERAL REQUIREMENTS:

A STAFF MEMBER MUST:

- 1. Be a registered member of the Boy Scouts of America
- 2. Be at least age 14
- 3. Exemplify the ideals as expressed in the Scout Oath and Law
- 4. Complete and return the I-9 Form (complete with copies of acceptable ID's) with this application
- 5. Have a unit leader appraisal submitted with this application if under 18 years of age (mandatory)

CIT STAFF APPLICATION An equal opportunity Employer

Applicants are not required to give any 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.

(PRINT IN FULL)

NAME:					DATE OF A	APPLICATION: /	
ADDRESS:						HOW LONG AT CURRENT ADDRESS:	
CITY:			STATE:			ZIP CODE:	
HOME PHONE #:		CELL PHONE #:		EMAIL ADDRESS:			
HEIGHT:	WEI	EIGHT: T-SHIRT		T-SHIRT S	SIZE:		
CONDITION OF HEALTH: PHYSICAL LIMITATIONS (IF ANY):							
(As a conditi	on of	employ	ment, applicants mus	t have a me	edical examina	ation)	
SOCIAL SECURITY NUMBER:		DRIVERS LICENSE # :			STATE:		

CAMP PREFERENCE	S:				
☐ Indian M	LeFeber North	nwoods Camps			
Camp Oh-Da-Ko-Ta		Robert S. Lyle Scout Camp			
Conditions that affect employmed Jamboree, National Order of the			o, special family vacation, tified at the time of the interview.		
MY SCOUTING EXPE	RIENCE				
NUMBER OF YEARS IN SCOUTING:	LAST RANK:	DISTRICT:			
COUNCIL:	LEADERSHIP PO	SITIONS HELD IN SCOU	TING:		
CURRENT SCOUTING REGISTANT #:	STRATION: OR DISTRICT / CO	DUNCIL POSITION:			
MY SCOUT CAMP EX	(PERIENCE (CAMPS A	(TENDED)			
CAMP:			YEAR:		
CAMP:			YEAR:		
CAMP:			YEAR:		
HIGH ADVENTURE BASES:		JAMBOREES:			
ORDER OF THE ARR	OW				
ORDER OF THE PARTY	rdeal Brot	herhood \(\bigcup \lambda	V igil		
	or any of the areas shown below. Do be as participant or hold Merit Badge rable training or experience	•	know nothing or very little. USE THE		
	nold Merit Badge, and have leadersh	ip experience Leatherwork Lifesaving Machinery Maintenance Snorkeling Song Leading Swimming Mass Feeding Music Orienteering Pioneering / knots Public Health Rifle / Shotgun	Teaching Wilderness Survival Waterfront Safety History Natural Sciences (Biology, Nature, Wildlife) Safety Indian Lore Cooking		

EDUCATION HIGH SCHOOL: DATES: GRADUATED: MAJOR: FROM TO YES COLLEGE: DATES: GRADUATED: MAJOR: TO FROM NO YES TECHNICAL / VOCATIONAL: DATES: GRADUATED: MAJOR: **FROM** TO RELIGIOUS PREFERENCE (optional) CHURCH / SYNAGOGUE / MOSQUE / TEMPLE: **RELIGIOUS LEADER:** ADDRESS: **RELIGIOUS AWARDS ACHIEVED:** LEADERSHIP POSITIONS HELD: HOBBIES & OTHER INTERESTS: _ WHY DO YOU WANT TO BE A MEMBER OF THE CAMP STAFF? REFERENCES ADULTS: NOT PARENTS OR RELATIVES NAME: ADDRESS: PHONE: LENGTH OF TIME REFERENCE HAS KNOWN YOU: RELATIONSHIP: NAME: ADDRESS: PHONE:

RELATIONSHIP:		LENGTH OF TIME	E REFERENCE HAS KNOWN YOU:	
DO YOU USE TOBACCO?		☐ YES	□NO	
IF YOU USE TOBACCO, WOULD YOU BE W	ILLING TO AGREE NOT TO U	SE IT WHILE ON DU	UTY? □ NO	
HAVE YOU EVER BEEN CONVICTED OF A	CRIME?	☐ YES	□NO	
HAVE YOU EVER BEEN CONVICTED OF A	CRIME WITH A CHILD?	☐ YES	□NO	

ALL APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE THIS APPLICATION SIGNED BY THEIR PARENTS AND THEIR UNIT LEADER IF THEY ARE ACTIVE IN A SCOUT TROOP.

ALL CAMP STAFF MEMBERS MUST BE REGISTERED MEMBERS OF THE BOY SCOUTS OF AMERICA.

other members of the staff. I will se		ntire camping se	icies and programs, and my full cooperation with eason in the camp to which I am assigned. I am in n, at my own expense.
DATE:	APPLICANT'S SIGNATURE:		
	PARENTS SIGNATURE:(F	OR APPLICANT	S UNDER 18 YEARS OF AGE)
	SCOUTMASTER'S SIGNATURE:		ANTS UNDER 18 YEARS OF AGE)
RETURN YOUR CON Mail your application early; s Interviews are scheduled for		ON TO:	THREE HARBORS COUNCIL BOY SCOUTS OF AMERICA 330 S 84TH STREET MILWAUKEE, WISCONSIN 53214
	FOR OFFICE U	JSE ONLY	

RECEIVED:	CAMP:	POSITION:	SALARY:		AGE:
REFERENCE CHECK:	HO:	DATE:		/ /	
•	110.	DATE.		, ,	