



Camp Boyhaven Resident Camp

Twin Rivers Council, Boy Scouts of America
Summer Camp Employment Application



Mail to: Camp Boyhaven - Staff
3430 Boyhaven Road
Middle Grove, NY 12850

ALL INFORMATION IS REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED (print legibly)

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Numbers (Home) () _____ (Work or College) () _____

Age (at the start of camp): _____ Date of birth: _____

E-mail address _____ Cell Phone () _____

Areas of Interest

- Camp Director *(25)
- Program Director * (21)
- Health Officer - RN, LPN, EMT (18)
- Trading Post Manager (18)
- Trading Post Clerk (18)
- Ranger Staff (18)
- Office Clerk (16)
- Dining Steward (18)
- Kitchen Aide (16)
- Counselor in Training (15)
- General Program Assistant (16)

Indicate Choices by #1, 2 & 3

- Aquatics Director * (21+)
- Aquatics Lifeguard (17)
- Shooting Sports Director (18)
- Nature Director (18)
- Crafts Director (18)
- Crafts Assistant (16)
- Scout Skills Director (18)
- Sports Director * (18)
- Chaplain (21)

* National Camp School training required

NOTE: Age shown is minimum required

EDUCATION

	Name and Location	Date of graduation	Major
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

SPECIALIZED TRAINING

Standard First Aid _____ expiration date	<input type="checkbox"/> Advanced Lifesaving - Red Cross
CPR/ Basic Life Support _____ expiration date	<input type="checkbox"/> Water Safety Instructor - WSI- Red Cross
Emergency Medical Technician - EMT # _____	<input type="checkbox"/> Red Cross Lifeguard Training
_____ expiration date	<input type="checkbox"/> Sailing Instructor - Red Cross
National Camping School _____	<input type="checkbox"/> BSA Lifeguard _____ exp. date
Topic and Date _____	<input type="checkbox"/> Other _____

Additional experience which adds to your qualifications. Please include Team & school activities:

SCOUTING EXPERIENCE

Registered as _____ Unit # _____ Council _____

YEARS AS A:
Cub Scout Boy Scout Explorer Adult Order of the Arrow

Highest Rank Attained _____

Office(s) Held _____

Previous Camp Staff Experience. Include Dates and locations _____

AWARDS EARNED AND UNIQUE PROGRAMS ATTENDED

NOTE: Print legibly or type all Special Activities attended (E.g.: National Jamboree, NOAC, JLT, Philmont, etc.) Also if you participate in Team Sports or other extracurricular activities in school or outside of school.

REFERENCES (must be completed and must have at LEAST THREE):

Name	Address	Phone #
School	_____	_____
Employer	_____	_____
Other	_____	_____
Other	_____	_____

Expected Salary: _____ None, I would like to Volunteer

Are there any reasons why you would not be available for the entire summer? _____

If yes, please explain and give dates you will not be able to be at camp*

*Preference will be given to those with the most availability during the summer. Staff week is mandatory.

Why do you want to work at Camp Boyhaven?

I hereby make my application for summer camp employment at Twin Rivers Camps and in accordance with the principles of the organization.

I subscribe to the Scout Oath or Promise, Scout Law and Declaration of Religious Principal.

I agree to be loyal to and cooperate fully with the policies, programs and management of the camp which might employ me.

I further agree, if selected, to provide the camp with a current health examination report upon my arrival.

I attest that all of the information in this application is true to the best of my knowledge.

I understand that a personal interview will be required and my references verified before final approval will be granted for employment.

I understand that before final employment, that my name will be cross checked for a criminal background and the NYS Offenders Registry.

Signature: _____ Date: _____

Parent/ Guardian Signature (required for all under 18) _____

Completed Form Must be mailed to Camp Boyhaven