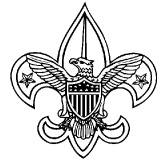




Camp Boyhaven Resident Camp

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



Mail to: Camp Boyhaven - Staff
253 Washington Avenue Extension
Albany, New York 12205

The more information you provide, the more we will know about you and your ability to succeed in our program and camp. If you fail to provide detailed answers and a good understanding of who you are, then we will have limited ability to make an informed decision. Please know that a interview is granted solely based on how your present yourself in filling out this application.

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

- Program Director * (21)
- Health Officer - RN, LPN, EMT (18)
- Business Manager (21)
- Trading Post Clerk (18)
- Ranger Staff (18)
- Office Clerk (16)
- Dining Steward (18)
- Kitchen Aide (16)
- Aquatics Director * (21+)
- Chaplain (21)
- Counselor in Training (15) (non-paid)

Indicate Choices by #1, 2 & 3

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

* National Camp School training required

NOTE: Age shown is minimum required

EDUCATION

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

College	_____	_____	_____
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If you are in High School, please lists where you would possible like to go to college and what you are thinking about majoring in.

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 (Boy Scouts or Girl Scouts)

Registered as _____ Unit # _____ Council _____

YEARS AS A:

Cub Scout

Boy Scout

Girl Scout

Adult

Highest Rank Attained _____

Office(s) Held _____

Previous Camp Staff Experience, Include Dates and locations _____

AWARDS EARNED AND UNIQUE PROGRAMS ATTENDED (Scouting, School, Church, Community)

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

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

WORK EXPERIENCE

Employer	Dates of Employment	Position	Reason for leaving

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?

How did you find out about Camp Boyhaven?

Do you know anyone who either works or has worked for Camp Boyhaven?

Have you ever worked with children before? If yes, describe.

Please carefully read the below statements and sign the bottom:

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) _____