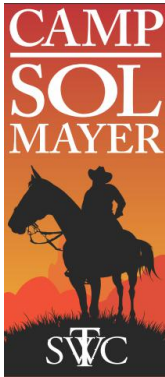


Camp Sol Mayer Staff Application



Submit to the Camp Director
Winter Camp Director
Michael Steelman
104 Veterans Memorial Drive
P. O. Box 1584
San Angelo, Texas 76902-1584
Phone: Mobile (713) 992-9572
Council (325) 655-7107
Michael.steelman09@gmail.com

Personal Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone (H) _____ (C) _____
Email _____
Date of Birth _____
Driver's License State & Number _____ Age on December 1st 2016 _____

Position(s) desired (1st through 5th choice)

Minimum Age 21*

Camp Director+
 Program Director+
 Head Cook
 Shooting Sports Director+
 Climbing Director+
 Business Manager
 Trading Post Manager
 Adult Training Director

Minimum Age 18*

Outdoor Director
 NATECO Director
 Archery Director
 Assistant Cook(s)
 Maintenance
 Commissioner+
 Health Officer **
 Office Manager
 Commissary Manager

Minimum Age 15*

Skills Staff
 NATECO Staff
 Aquatics Staff
 Trading Post Staff
 Shooting Staff
 Dining Hall Staff
 Office Staff
 Assistant. Quartermaster
 Staff Photographer

*Certain age minimums may be waived with prior camp staff experience.

** Health Officer requires an EMT-B, EMT-I, Paramedic, Nurse, or MD

+Requires National Camp School Certification

Scouting Background

Have you attended a BSA National Camping School in the last 5 years: Yes No
Location: _____ Date: _____ Expiration _____

Check type of certificate:

- | | |
|---|--|
| <input type="checkbox"/> Camp Management | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Commissioner | <input type="checkbox"/> COPE |
| <input type="checkbox"/> Scoutcraft | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Nature/Ecology | <input type="checkbox"/> High Adventure |
| <input type="checkbox"/> Camp Ranger | <input type="checkbox"/> Shooting Sports |

Shooting Sports Certifications:

- | | |
|--|------------------|
| <input type="checkbox"/> NRA Muzzle-loading Rifle Instructor | Exp. Date: _____ |
| <input type="checkbox"/> NRA Rifle Instructor | Exp. Date: _____ |
| <input type="checkbox"/> NRA Shotgun Instructor | Exp. Date: _____ |
| <input type="checkbox"/> National Archery Assoc. Instructor | Exp. Date: _____ |

Are you currently a registered member of the Boy Scouts of America? Yes No
Unit Number _____ Council _____ Position _____
Highest Rank _____
Current Unit Leader _____ Phone _____

Are you a member of the Order of the Arrow? Yes No
Lodge _____ Ordeal _____ Brotherhood _____ Vigil _____

Have you previously worked at a summer camp? Yes No

If yes, please answer the following:

Year _____ Camp _____ Position _____ Salary _____ /wk

Year _____ Camp _____ Position _____ Salary _____ /wk

Year _____ Camp _____ Position _____ Salary _____ /wk

CERTIFICATES: (First Aid, CPR, leader training, youth protection, etc. Attach copies)

LEADERSHIP COURSES: (JLT, Philmont, NYLS, etc.)

YEAR ATTENDED

SUMMER CAMP ATTENDANCE

YEAR ATTENDED

List any skills/certifications that would be useful in a scout camp position: *(Attach copies)*

Merit Badges

Indicate your experience and training in the areas listed below. Do not mark areas for which you have little or no training. Use the following scale:

1. Experienced as participant or hold Merit Badge
2. Considerable training or experience
3. Directed or taught subject

Archery

Astronomy

Basketry

Camping

Chess

Cooking

Citizenship in the Community

Citizenship in the Nation

Citizenship in the World

Climbing

Coin Collection

Collections

Crime Prevention

Emergency Preparedness

Fingerprinting

First Aid

Home Repair

Indian Lore

Leatherwork

Music

Personal Management

Photography

Rifle Shooting

Scouting Heritage

Shotgun Shooting

Soil & Water Conservation

Space Exploration

Sustainability

Weather

Welding

Wilderness Survival

Woodcarving

Educational Background

HIGH SCHOOL: _____ GRADE COMPLETED: _____

COLLEGE: _____ MAJOR: _____

COLLEGE: _____ MAJOR: _____

List other youth group memberships:

YEAR ACTIVE

List Civic / Extracurricular Activities:

YEAR ACTIVE

Employment History (Attach Resume if necessary)

CURRENT EMPLOYMENT: _____

SUPERVISOR: _____ PHONE #: _____

PREVIOUS EMPLOYMENT: _____

SUPERVISOR: _____ PHONE #: _____

PREVIOUS EMPLOYMENT: _____

SUPERVISOR: _____ PHONE #: _____

Have you ever been discharged or asked to resign from any job Yes ____ No ____ If Yes, Why?

References

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

All Staffers should be available for the full season (June 8 — June 28, 2014).

Exceptions must be requested in writing during possible interview.

I know of no reason why my health would limit full Camp participation, and if employed I will provide an up-to- date BSA physical examination.

I am/will be a registered member of the Boy Scouts of America.

I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Scout Law, and Declaration of Religious Principle. If selected, the Boy Scouts of America can expect my loyalty to management, its policies, programs and my full cooperation with other member of the staff. I understand that a personal interview may be required before employment.

I authorize the investigation of all statements contained in this application for employment, as it may be necessary in arriving at an employment decision. I authorize all of my current and previous employers, schools, and other references to furnish the information requested to reach an employment decision. I declare that the information provided by me in this application for employment is correct, to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for not being considered for employment. This application does not guarantee an interview or a position on staff.

APPLICANT'S SIGNATURE

DATE

REQUIRED APPROVALS (If under 18)

I have reviewed this application with the applicant, and personally believe that he/she is qualified for the position he/she is seeking. I also certify that the applicant's Scouting record indicated on this application is correct according to our unit advancement records. I feel this person will be an asset and recommend them to be a part of the staff.

PARENT OR GUARDIAN APPROVAL

Name _____

SIGNATURE _____ DATE _____

APPROVAL OF SCOUT LEADER:

Unit Leader _____

SIGNATURE _____ PHONE _____