

Grand Canyon Council, Inc.  
 Boy Scouts of America  
 2969 North Greenfield Road  
 Phoenix, Arizona 85016-7715  
 602-955-7747



Check camp applying to:

- Camp Geronimo
- Camp Raymond
- Heard Scout Pueblo Cub Day Camp
- Lake Pleasant Aquatic & Nature Camp
- R-C Cub Scout Adventure Camp
- Other \_\_\_\_\_

Today's Date: \_\_\_\_\_

## ADULT

# Seasonal Application for Summer Camp Staff

(Please Print Clearly in Ink)

First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip

E-Mail Address: \_\_\_\_\_

Will be available for employment (give exact dates): From: \_\_\_\_\_ To: \_\_\_\_\_

### DEPARTMENTS

(Please indicate your first three (3) preferences)

*If hired, camp management reserves the right to re-assign staff. R=Camp Raymond only, G=Camp Geronimo only.)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Archery                  | <input type="checkbox"/> Headquarters/Administrative | <input type="checkbox"/> Project COPE (R)         |
| <input type="checkbox"/> Asst. Prov. Scoutmaster  | <input type="checkbox"/> Health Lodge                | <input type="checkbox"/> Provisional Scoutmaster  |
| <input type="checkbox"/> Aquatics ( Pool / Lake ) | <input type="checkbox"/> Maintenance/Facilities      | <input type="checkbox"/> Rifle Range              |
| <input type="checkbox"/> Chaplain                 | <input type="checkbox"/> Mountain Biking (R)         | <input type="checkbox"/> Shotgun Range (R)        |
| <input type="checkbox"/> Climbing (R)             | <input type="checkbox"/> Muzzleloading (G)           | <input type="checkbox"/> Spade Ranch Pioneers (G) |
| <input type="checkbox"/> Climbing Tower (G)       | <input type="checkbox"/> Nature                      | <input type="checkbox"/> Staff Advisor            |
| <input type="checkbox"/> Commissioner             | <input type="checkbox"/> Outdoor Skills              | <input type="checkbox"/> Trading Post             |
| <input type="checkbox"/> Handicraft               | <input type="checkbox"/> Program Director            | <input type="checkbox"/> Wranglers (G)            |

### CERTIFICATIONS

(Copies of Certifications may be required as a condition of employment.)

Please list:	YES	NO	Expiration Date
1. BSA National Camping School Certificate			
▪ Camp Administration - Program Director	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Camp Administration - Commissioner	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Climbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Ecology/Conservation	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Outdoor Skills	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Project COPE	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Shooting Sports	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name of BSA Camp School where you were certified _____			_____
2. American Camping Association Membership	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. American Red Cross Water Safety Instructor's Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. American Red Cross Lifeguard Trainer Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Other Aquatic Training: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. NRA Rifle/Shotgun Instructor's Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. EMT Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Advanced First Aid Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. CPR Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Wilderness First Responder Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Wilderness First Aid Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. ACCT Membership. List Certification Level: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Driver's License #: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Other Certifications (please list): _____			_____

## CAMP EXPERIENCE

1. As a Scout:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. As a Scout Staff Member:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Adult Scouting:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. In other than Scout Camps:

<u>Camp</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## SCOUTING EXPERIENCE

1. Are you currently registered in Scouting?  Yes  No

If registered, list position(s) held: \_\_\_\_\_

Unit number: \_\_\_\_\_

Council registered in: \_\_\_\_\_

3. Youth Scouting Experience:

\_\_\_\_\_ Years in Cub Scouts

\_\_\_\_\_ Years in Boy Scouts

\_\_\_\_\_ Years in Exploring

Highest Scout Rank: \_\_\_\_\_

2. Past Adult Scouting Registration:

<u>Position</u>	<u>Council</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are you a member of the Order of the Arrow?

Yes  No

Ordeal  Brotherhood  Vigil

5. BSA Training

Cub Scout Leader Training \_\_\_\_\_

Boy Scout Leader Training \_\_\_\_\_

Venturing Leader Training \_\_\_\_\_

Wood Badge Training \_\_\_\_\_

Powder Horn Training \_\_\_\_\_

BSA Youth Protection Training \_\_\_\_\_

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## EDUCATION

Highest grade or degree completed: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Other: \_\_\_\_\_

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## OTHER RELATED EXPERIENCE/QUALIFICATIONS

Sports: \_\_\_\_\_

Musical: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Talents: \_\_\_\_\_

Clubs/Associations: \_\_\_\_\_

Awards: \_\_\_\_\_

Other: \_\_\_\_\_

If you have any physical limitations that could be accommodated or might interfere with the performance of the job for which you are applying, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE AND REFERENCES

(List most recent)

Employer/Position	Address	Phone #	From	To
		( )		
		( )		
		( )		

## PERSONAL REFERENCES

(List at least three)

Reference	Address	Phone #	How long known?

Are you permitted to become lawfully employed in the United States?

Yes  No

(Proof of citizenship or immigration status is required upon employment – Form I-9)

## ADDITIONAL INFORMATION

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Do you use illegal drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense? (If yes, please explain below.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been charged with, investigated for, or arrested for, child neglect or abuse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended or revoked? (If yes, explain below.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your vehicle insured?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any moving violations within the last three years? (If yes, explain below)   | <input type="checkbox"/> | <input type="checkbox"/> |

## CAREFULLY READ THE FOLLOWING STATEMENTS BEFORE SIGNING

I, the undersigned, understand that:

- A. If employed on the Council Camp Staff, I will be required to become registered as a member of the Boy Scouts of America, and to have a current (within one year) medical examination.
- B. The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Boy Scouts of America or the Grand Canyon Council, Inc.
- C. In signing this application, I affirm that the information that I have given herein is true and correct.
- D. I acknowledge that the Grand Canyon Council may request a Criminal Background Check.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_