

# Camp Coker 2008 Staff Application

(Print/Type) NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 (Street, Route, Box, Apt No.) (City, State, Zip)

COLLEGE ADDRESS \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 (Check address to which mail should be sent) (Street, Route, Box, Apt No.) (City, State, Zip) Birthdate \_\_\_\_\_

Yes. I certify that I will be the minimum age for the position(s) for which I am applying.

◆ Check off your earned Merit Badges on the BACK of this form.

◆ INDICATE POSITION CHOICES. Indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices (Minimum age is listed after position).

_____ Aquatics Director (21)	_____ Trading Post Director (18)	_____ Field Sports Instructor (18)	_____ 1 <sup>ST</sup> Aid Instructor (15)
_____ Scoutcraft Director (18)	_____ Dining Hall Director (21)	_____ Trailblazer Instructor (15)	_____ Counselor in Training (14)
_____ Field Sports Director (21)	_____ Trailblazer Director (21)	_____ Aquatics Asst. Director (18)	_____ Cope Director (21)
_____ Health Lodge Director (21)	_____ Ecology Director (18)	_____ Scoutcraft Instructor (15)	_____ Handicraft Inst. (15)
_____ Handicraft Director (18)	_____ Program Director (21)	_____ Dining Service Staff (15)	_____ Assistant Ranger (15)
_____ Cope Instructor (16)	_____ Trading Post Clerk (15)	_____ Aquatics Instructor (15)	_____ Other (list): _____

◆ SALARY REQUESTED PER WEEK IN ADDITION TO ROOM AND BOARD \$ \_\_\_\_\_

◆ DESCRIBE YOUR WORK/VOLUNTEER EXPERIENCE

SCOUTING

Troop/Post/Crew No. \_\_\_\_\_

Highest Rank \_\_\_\_\_

Offices held \_\_\_\_\_

FIRST AID & AQUATICS TRAINING

Certification title \_\_\_\_\_

Expiration date \_\_\_\_\_

Certification Title \_\_\_\_\_

BSA Camp School Date \_\_\_\_\_

Subject \_\_\_\_\_

JTL Date \_\_\_\_\_

CAMP STAFF

Camp & date/s \_\_\_\_\_

Positions \_\_\_\_\_

Camp & date/s \_\_\_\_\_

Position/s \_\_\_\_\_

Expiration date \_\_\_\_\_

EDUCATION

Highest level \_\_\_\_\_

School/college \_\_\_\_\_

Degree/date \_\_\_\_\_

Other & Date \_\_\_\_\_

TEACHING & YOUTH RELATED WORK

Organization & date \_\_\_\_\_

Position/job \_\_\_\_\_

Organization & date \_\_\_\_\_

EMPLOYMENT

Current \_\_\_\_\_

Position & date \_\_\_\_\_

Previous \_\_\_\_\_

Position & date \_\_\_\_\_

GPR/Ave Grade \_\_\_\_\_

Major/Minor \_\_\_\_\_

VOLUNTEER ORGANIZATIONS

\_\_\_\_\_

\_\_\_\_\_

Position/job \_\_\_\_\_

ACTIVITIES/CLUBS (List offices held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

◆ LIST REFERENCES (such as Scoutmaster, employer, Camp Director, school official, professor, volunteer organization)

Name and Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Name and Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Day Phone \_\_\_\_\_

◆ OPTIONAL ATTACHMENTS: 1) Resume/qualification list, 2) Photo, 3) Additional information

◆ I certify that the above information is correct to the best of my knowledge.

I agree to live by the Scout Oath and Law, and I subscribe to the BSA Declaration of Religious Principle. I understand that a criminal background check may be performed for adults 18 years of age and older. I am or will become a registered member of the Boy Scouts of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (OPTIONAL)

Parent's Signature (If applicant is under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO:** Camp Director, Camp Coker Boy Scout Camp; Pee Dee Area Council, BSA; 702 S. Coit Street; Florence, SC 29501  
 Phone (843) 662-6306 Fax (843) 669-4284

