

Grand Teton Council

Boy Scouts of America Camp Staff Application (Over 16 years old)

Web Site - www.tetonscouts.org

3910 Yellowstone HYWY Idaho Falls, Id. 83401 Office – 208 522-5155 Fax – 208 522-5158

2306 Pocatello Cr. Rd PO Box 2854 Pocatello, Id. 83206 Office -- 208 233-4600 Fax – 208 236-0455

<u>Personal Infor</u>	<u>rmation</u>			
Name	Social Security #			
Address	City	State _	Zip	
Phone #	E-Mail Address	Date of	Date of Birth (if under 18)	
	ping Experience Boy Scout Rank	OA E	Experience	
Date	Camp Attended/ Location		Position (if on Staff)	
Education School		_Highest Grade Comp	leted GPA	
Camp Staff I wish to apply for: (Mark 1st, 2nd and 3rd Choices) Krupp Scout Hollow Day Camp Treasure Mountain Scout Camp Salmon River High Adventure Base Little Lemhi Scout Camp Island Park Scout Camp				
Archery	S I am applying for: Commissary Hand Rifle Range Scout	_	Waterfront Post COPE (Island Park)	
16-17 ye 18-21 ye	18, my age will be: ears old * (Junior Staff) ears old ** Senior Staff) es old ** (Area Director)	Troop, Varsity T	be registered in a Boy Scout Feam, or Venturing Crew. ears and over must complete a kground check.	

Please attach a letter containing your responses to the following questions -

- 1. What contributions do you feel you could make to camp?
- 2. What impact can a Scout camp and its staff have on the life of a Scout?
- 3. Write a brief biographical sketch. Include any experience or specialized training in camping or other fields that qualify you for the position you are applying.

References — Please list the names of 2-3 adults that would serve as character references for you, other than family members Name Address Phone Standards for Camp Staff Members: ~ Code of Conduct ~ ~ Dress and Grooming Standards~ As a member of the Camp Staff of the Grand Teton Council, I As a member of the Camp Staff of the Grand Teton Council, understand that my personal example and conduct prior to all employees must meet the dress and grooming standards and during the camping season must be of the highest to enhance the image and professionalism conveyed to standard. campers and guests of the camps. I understand that the following behaviors are reason for my Official Boy Scout uniforms are to be worn at all immediate removal from the training program. official camp ceremonies, such as flag ceremonies, - Use of alcohol or illegal drugs on camp property. campfires and at other times designated by the - Use of tobacco products. Camp Director. Uniforms are to be official Boy Scouts of America - Violation of youth protection procedures. issue and must be worn properly. Any other unScout-like behavior. Haircuts for men must be conservative, not long or ragged. Dyed hair in unnatural colors (Green, pink, I will follow the Scout Oath and Law in all that I do. blue, etc) and extreme hair styles will not meet standards. Scout Oath Jewelry should be conservative, tasteful and is On my honor I will do my best limited to: finger rings and watches. To do my duty to God and my country No facial hair may exist below the middle of the ear, And to obey the Scout Law; except to a neatly trimmed mustache, which shall To help other people at all times; not exceed the width or length of the upper lip, or To keep myself physically strong, as approved at the time of interview. mentally awake, and morally straight. **Scout Law** A Scout is: As the Boy Scouts of America is a private organization, registration in Trustworthy Courteous Thrifty the Boy Scouts of America is a requirement for employment in the Loyal Kind **Brave** Grand Teton Council. Helpful Obedient Clean Friendly Cheerful Reverent I have read and if selected to serve as a member of the Grand Teton Council Camp Staff, will live by the code of conduct and dress and grooming standards stated above along with other guidelines that will be given at time of acceptance. Applicant's signature _____

Please Circle Your Size –

Adult T-shirt - Medium Large X Large XX Large

Adult Jacket - Medium Large X Large XX Large

If hired, the following information is needed—

Company_____

Policy #_____

Insured's Name _____

Primary Health Insurance Carrier