

CAMP STAFF APPLICATION

**Crater Lake Council
Service Center**

3039 Hanley Road
Central Point, OR 97502
541-664-1444

www.craterlakecouncil.org



Staff Questions call 541-664-1444

Applicants must meet the minimum age requirement for the position
By June 15 of the summer in which you are applying. Please visit us
At www.craterlakecouncil.org for camp staff details.

Mail applications to the address at the right

First _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

DOB _____

Driver's License # _____ State _____

Phone _____ Cell _____

Rank (if applicable) _____ Email _____

Are you on Facebook? Yes No Username _____ Adult T-Shirt Size _____

I am currently registered with:
Pack, Troop, Team, Crew, Ship, Post
_____ Not Registered _____

Applicants must be available for the full season. Exceptions must be requested during the interview. Camper dates are listed below Both camps have an additional staff training week. **Indicate the camp you prefer by marking them in order of preference (1st and 2nd).**

CAMP McLOUGHLIN
Session 1: July 8 – 11 (Fri - Mon)
Session 2: July 11 – 14 (Mon - Thurs)
Session 3: July 15 – 18 (Fri - Mon)
Session 4: July 22 – 25 (Fri - Mon)
Session 5: July 29 – Aug 1 (Fri - Mon)
Session 6: Aug 5 – Aug 8 (Fri - Mon)

CAMP MAKUALLA
Session 1: July 3 – 9 (Sun – Sat)
Session 2: July 10 – 16 (Sun – Sat)
Session 3: July 17 - 23 (Mon – Sat)
Session 4: July 24 – 30 (Sun – Sat)
Session 5: July 31 – Aug 6 (Sun – Sat)

Positions – please number in the order of preference

<u>Minimum Age 21 or Over*</u>	<u>Minimum Age 18 or Over*</u>	<u>Minimum Age 15 or Over*</u>
<input type="checkbox"/> Program Director**	<input type="checkbox"/> Cook	<input type="checkbox"/> Quartermaster
<input type="checkbox"/> Aquatics Director**	<input type="checkbox"/> Cook Assistant	<input type="checkbox"/> Aquatics Staff
<input type="checkbox"/> Camp Cook	<input type="checkbox"/> Commissioner	<input type="checkbox"/> Archery Staff
<input type="checkbox"/> Shooting Sports Director**	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Kitchen Staff
<input type="checkbox"/> Climbing Director**	<input type="checkbox"/> Nature Director	<input type="checkbox"/> Nature Staff
<input type="checkbox"/> Medical Personnel***	<input type="checkbox"/> Trading Post Manager	<input type="checkbox"/> Outpost Staff
<input type="checkbox"/> Shotgun Director	<input type="checkbox"/> Dining Hall Stewart	<input type="checkbox"/> Rifle Staff
<input type="checkbox"/> Archery Director	<input type="checkbox"/> Handicraft Director	<input type="checkbox"/> Shotgun Staff
	<input type="checkbox"/> Scoutcraft Director	<input type="checkbox"/> Scoutcraft Staff
		<input type="checkbox"/> BB Gun Staff
		<input type="checkbox"/> Trading Post Clerk
		<input type="checkbox"/> Staff-In-Trading****
		<input type="checkbox"/> Handicraft Staff

* Certain Age Requirements may be waived due to camp experience.
 ** Requires current BSA Certifications before camp.
 *** Health Officers must have an EMT, EMT-1, Paramedic, Nurse, PA, DO, or MD
 ****Age 14-unpaid

Camping Experience: Total number of years as camper: _____ as a staffer: _____

Previous Camp Staff:

Year _____ Camp _____ Position _____ Camp Director _____

Year _____ Camp _____ Position _____ Camp Director _____

Year _____ Camp _____ Position _____ Camp Director _____

Specific Skills – Please mark as follows: X Some knowledge XX Proficient XXX Can lead or teach

<input type="checkbox"/> Aquatics Skills	<input type="checkbox"/> Cycling	<input type="checkbox"/> Leatherwork	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Archery	<input type="checkbox"/> Emergency	<input type="checkbox"/> Lifesaving	<input type="checkbox"/> Rifle/ Black Powder
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Mammals	<input type="checkbox"/> Climbing
<input type="checkbox"/> Archeology	<input type="checkbox"/> First Aid	<input type="checkbox"/> Nature	<input type="checkbox"/> Science
<input type="checkbox"/> Astronomy	<input type="checkbox"/> Fish/Wildlife	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Shotgun
<input type="checkbox"/> Basketry	<input type="checkbox"/> Geology	<input type="checkbox"/> Photography	<input type="checkbox"/> Soil & Water Conservation
<input type="checkbox"/> Campfire Program	<input type="checkbox"/> Group Games	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Story Telling
<input type="checkbox"/> Camping Skills	<input type="checkbox"/> Group Singing	<input type="checkbox"/> Religious Services	<input type="checkbox"/> Swimming
<input type="checkbox"/> Climbing	<input type="checkbox"/> Indian Lore	<input type="checkbox"/> Scout Leader Training	<input type="checkbox"/> Wilderness Survival
<input type="checkbox"/> CPR Instructions	<input type="checkbox"/> Musical Instrument	<input type="checkbox"/> Reptiles	

Background Information: A 'Yes' answer does not necessarily disqualify you.

- | | | |
|---|-----|----|
| 1. Do you use illegal drugs? | Yes | No |
| 2. Have you ever been convicted of a criminal offense, even as a minor?
(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered, including what you were convicted of and how long ago.) Provide complete information about any conviction by attaching a separate statement. | Yes | No |
| 3. Have you ever been charged with neglect or abuse of a child or animal? | Yes | No |
| 4. Has your driver's license ever been suspended or revoked? | Yes | No |
| 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? | Yes | No |

If you answered yes to any of these questions, please explain here: _____

References – List two people (other than immediate family or camp director) who know you from work, school, church, civic organization, etc., who can be contacted for more information. Also attach or send two letters of recommendation.

Name _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 Email _____

Name _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 Email _____

Disclosure authorization and release:

- I confirm that the information given on this application is correct and understand that providing false information may result in revocation of membership in the Boy Scouts of America. The Crater Lake Council may verify information.
- Individuals selected for staffing may be asked to also staff Family Camps or other camp offerings.
- I know of no limitation that would limit full camp participation, and if employed I will provide an up-to-date physician evaluation form (BSA Annual Health and Medical Record A, B, & C) prior to reporting.
- I am/will be a registered member of the Boy Scouts of America (Makualla Camp Crew or McLoughlin Camp Crew).
- If selected, the Crater Lake Council, Boy Scouts of America, can expect my loyalty to management, my adherence to its Code of Conduct, national, local, and camp policies and programs and my full cooperation with other members of the staff.
- I request that any person, entity, or agency make full cooperation and disclosure when contacted by the Crater Lake Council. I agree to hold harmless any organization or person providing information to the Crater Lake Council and hereby authorize the release and disclosure of any and all information concerning me/my child, whether or not made confidential by state law. The Crater Lake Council is authorized to request information from schools, former employers, medical providers, and law enforcement authorities. I understand that my medical records and other medical information are protected under HIPAA/ PHI regulations. The parent's signature grants the Crater Lake Council the right to inspect juvenile records.
- All information obtained will be used by the Crater Lake Council and will not be disclosed for any purpose not related to employment.
- I agree to participate in any drug testing process that may be adopted, and to support the Boy Scout's of America's policy of a drug and alcohol free camp.

Applicant's Signature _____ Date _____

Required Approvals

If under 18, Parent or Guardian Approval _____ Date _____
 Parent or Guardian Signature

Approval of Scout Leader (if registered in a Scouting unit):

I have reviewed this application with the applicant and personally believe that he/she is qualified for the position he/she is seeking.
 _____ Date _____
 Unit Leader Signature
 Email _____

AN EQUAL OPPORTUNITY EMPLOYER. Tobacco and Substance Free Employer.

Summer Camp Staff

Staff Statement of Understanding and Code of Conduct

Statement of Understanding: All staff members, both youth and adult, are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. By signing the letter of employment, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the Staff Statement of Understanding and Code of Conduct as a condition of participation, with the further understanding that serious misconduct or infraction of rules may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. **All Staff members are expected to abide by the Code of Conduct as follows:**

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and checkout procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds and agree to follow the principles of Leave No Trace.
6. I understand that the possession or consumption of alcoholic beverages, illegal drugs or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcohol beverages off council property must comply with state and federal law and must not affect my job performance.
7. Serious and/or repetitive behavior violations including use of tobacco, cheating, stealing, dishonesty, swearing, fighting, and cursing may result in termination or disciplinary action.
8. I understand that gambling of any form is prohibited.
9. I understand that possession of lasers of any type and possession or detonations of fireworks are prohibited.
10. Neither the camp nor BSA local council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
11. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition.
12. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws.
13. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention.
14. Hazing has no place in Scout camp, nor does corporal punishment in any form. As a staff member, I agree to prevent and stop all hazing activities.
15. I will respect diversity—whether the differences are in physical characteristics or in perspectives.
16. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
17. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the camp director or the Scout Executive.
18. I will comply with this Code of Conduct and the policies printed in the **Camp Staff Handbook**. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

Staff Printed Name: _____

Staff Signature: _____ **Date** _____

Parent Signature (if staff is a minor): _____ **Date** _____