

# CAMP STAFF APPLICATION

Crater Lake Council – BSA  
3039 Hanley Road  
Central Point OR 97502  
Phone: 541.664.8477  
Email: [jennifer.mooney@scouting.org](mailto:jennifer.mooney@scouting.org)



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Thank you for your interest in joining Crater Lake Council's Camp Staff. To qualify for employment at camp, you must be at least 16 years of age by June 1<sup>st</sup> of the summer camp season (15 years of age as a staff-in-training). It is expected that you will be available for the full season.

Please submit your completed application to the Crater Lake Council Office:

*Crater Lake Council, Boy Scouts of America*

*Attention: Jennifer Mooney*

*3039 Hanley Road*

*Central Point, OR 97502*

Or you can email your application to [jennifer.mooney@scouting.org](mailto:jennifer.mooney@scouting.org).

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## Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age as of June 1st:  15     16-17     18-20     21 or older

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## Scouting Experience

Currently Registered in Troop/Crew : \_\_\_\_\_ District: \_\_\_\_\_ Council : \_\_\_\_\_

Current Rank: \_\_\_\_\_ Current Scouting Position : \_\_\_\_\_ Years in Scouting: \_\_\_\_\_

Other Awards Earned (NOVA, Venturing, etc.) : \_\_\_\_\_

I am not currently registered with the Boy Scouts of America.

Please list any additional leadership training: \_\_\_\_\_

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## Education

High School/College: \_\_\_\_\_ Grade/Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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Extra-curricular Activities: \_\_\_\_\_

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**Camping Experience** Total # of years as a camper at a Summer Camp: \_\_\_\_\_ As a staffer: \_\_\_\_\_

Previous Camp Staff Experience:

Year: \_\_\_\_\_ Camp: \_\_\_\_\_ Position: \_\_\_\_\_ Camp Director: \_\_\_\_\_

Year: \_\_\_\_\_ Camp: \_\_\_\_\_ Position: \_\_\_\_\_ Camp Director: \_\_\_\_\_

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**Hobbies, Interests & Skills** (please list what your hobbies, interests, and skills are)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**What position are you most interested in (pick up to 3):**

- General Program Staff     Shooting Sports (age 18+)     Waterfront Director (21+)     Lifeguard  
 Medic (18+)     Store Manager     Head Cook (21+)     Kitchen Staff  
 Camp Management (21+)

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**References** – List two personal references (someone who is not an immediate family member)

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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**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?    Yes    No  
*(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. Please provide complete information about any conviction by attaching a separate statement.)*
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 the questions, please explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CAMP STAFF APPLICATION

## STAFF STATEMENT OF UNDERSTANDING, BOY SCOUTS OF AMERICA SCOUTER CODE OF CONDUCT & DISCLOSURE AUTHORIZATION

On my honor, I promise to do my best to comply with this BSA Scouter Code of Conduct while serving in my capacity as a Camp McLoughlin Staff member.

1. I have completed or will complete my registration with the Boy Scouts of America, answering all questions truthfully and honestly.
2. I will do my best to live up to the Scout Oath and Scout Law, obeying all laws, and hold others in Scouting accountable to those standards. I will exercise sound judgment and demonstrate good leadership and use the Scouting program for its intended purpose consistent with the mission of the Boy Scouts of America.
3. I will make the protection of youth a personal priority. I will complete and remain current with Youth Protection training requirements. I will be familiar with and follow:
  - a. BSA Youth Protection policies and guidelines, including mandatory reporting: [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/)
  - b. The Guide to Safe Scouting: [www.scouting.org/health-and-safety/gss](http://www.scouting.org/health-and-safety/gss)
  - c. The SAFE Checklist: <https://www.scouting.org/health-and-safety/safe/>
4. I will respect and abide by the Rules and Regulations of the Boy Scouts of America, BSA policies, and BSA-provided training, including but not limited to those relating to:
  - a. Unauthorized fundraising activities
  - b. Advocacy on social and political issues, including prohibited use of the BSA uniform and brand.
  - c. Bullying, hazing, harassment, and unlawful discrimination of any kind.
5. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer to youth with questions regarding these topics to talk to their parents or spiritual advisor.
6. I confirm that I have fully disclosed and will disclose in the future any of the following:
  - a. Any criminal suspicion, charges, or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles.
  - b. Any investigation or court order involving domestic violence, child abuse, or similar matter.
  - c. Any criminal charges or convictions of a crime or for offenses involving controlled substances, driving while intoxicated, firearms, or dangerous weapons.
7. I will not possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies:
  - a. Alcoholic beverages or controlled substances, including marijuana or vaping.
  - b. Concealed or unconcealed firearms, fireworks, or explosives.
  - c. Pornography or materials containing words or images inconsistent with Scouting values.
8. If I am taking prescription medications with the potential of impairing my functioning or judgment, I will not engage in activities that would put youth at risk, including driving or operating equipment.
9. I will take steps to prevent or report any violation of this code of conduct by others in connection with Scouting activities.

**Staff Printed Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

### Disclosure authorization and release:

1. 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.
2. Individuals selected for staffing may be asked to also staff Family Camps and/or other camp offerings.
3. I know of no limitation that would limit full camp participation, and if employed I will provide an up-to-date physician evaluation form prior to reporting for work.
4. I am/will be a registered member of the Boy Scouts of America.
5. 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.
6. I request that full cooperation and disclosure be made by any person, entity or agency 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.
7. All information obtained will be used by the Crater Lake Council and will not be disclosed for any purpose not related to employment.
8. I agree to participate in any drug testing process that may be adopted, and to support the Boy Scouts of America's policy of a drug and alcohol-free camp.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If under 18, Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Approval of Scout Leader (if registered in Scouting): I have reviewed this application and believe that he/she is qualified for the position they are seeking.

**Unit Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_