2015 CAMP STAFF APPLICATION

This application is for **KIMBALL SCOUT RESERVATION** and for **DEL WEBB ADVENTURE BASE**. Counselor-In-Training (CIT) positions (room and board only) are available for 14 and 15 year olds at Kimball Scout Reservation and at Del Webb Adventure Base. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS OR THE PRESENCE OF A HEALTH PROBLEM OR HANDICAP THAT IS UNRELATED TO THE PERSON'S ABILITY TO PERFORM THE JOB ASSIGNED.

The periods of employment are:

KIMBALL SCOUT RESERVATION June 5 – July 12

DEL WEBB ADVENTURE BASE June 25 - August 10

Name	
Address	
City	StateZip
Telephone ()	
Troop#Team#Crew#	Order of the Arrow Membership (circle one)
District	Ordeal Brotherhood Vigil
Length of time as Boy Scout	OTHER LEADERSHIP EXPERIENCES (Boy Scout)
Length of time as Cub Scout	
Length of time as Adult Scouter	
Scout Rank	
Current Troop Position	
COLLEGE/SCHOOL EXPERIENCE	
Name of College/School	Grade Average
(current)	
Grade Completed	Course or
Major	
Extra-curricular activities (list)	Leadership Positions (list)
AREAS OF 1	INTEREST – PLEASE PICK ONE CAMP
I request to be considered for a position at:	Kimball Scout Reservation OR Del Webb Adventure Base
Areas that I am interested in – Please list top 3	choices
 Aquatics Director (Must be 21 years of age) Shooting Sports Director (Must be 21 years of age) Climbing Director (Must be 21 years of age) Aquatics Shooting Sports Archery Handicrafts 	
 Outdoor Skills 	 Medical Officer

□ Nature and Conservation

□ Commissioner

Boy Scouts of America

2015 CAMP STAFF APPLICATION-Cont.

Please tell us why you would like to serve on camp staff.

DEEL	ERENCES:	
NEFI	UNLINCED.	
1.	NAME	
	PHONE NUMBER	
	ADDRESS	
	STATEZIP	
	RELATIONSHIP (EMPLOYER, FRIEND	, TEACHER, CLERGY, ETC.)
2	NIAME	
2.	NAME	
	PHONE NUMBER	
	ADDRESS	
	STATEZIP	

RELATIONSHIP (EMPLOYER, FRIEND, TEACHER, CLERGY, ETC.)

Applicant's

Signature_____

Date____

Parent's Approval (if under 18 _____

Date_____

Approval of Scoutmaster (if under 18)

Date_____

Received in Office	

MAIL TO: Las Vegas Area Council, Boy Scouts of America 7220 S Paradise Road, Las Vegas, NV 89119 FAX NUMBER: 702-949-6022

Schedule for Interview _____Yes _____No rev 6-14