



Grand Teton Council

Scouting America

Camp Staff Application

Web Site - www.tetonscouts.org

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

Prepared. For Life.®

Personal Information

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail Address _____

Scouting/Camping Experience

Troop/ Crew/Ship _____ Scout Rank _____ OA Experience _____

Date	Camp Attended/ Location	Position (if on Staff)

Education

School _____ Highest Grade Completed _____ GPA _____

Camp Positions I am applying for:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Handicraft | <input type="checkbox"/> Nature | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Ranger | <input type="checkbox"/> Rifle Range | <input type="checkbox"/> Scoutcraft | <input type="checkbox"/> Trading Post | <input type="checkbox"/> COPE |
| <input type="checkbox"/> Area Director | <input type="checkbox"/> Commissioner | <input type="checkbox"/> Office Manager | <input type="checkbox"/> Trdg Post Mngr | <input type="checkbox"/> Camp OA Chief |
| <input type="checkbox"/> ACE Manager | <input type="checkbox"/> ACE included with other areas | | | |

This year at camp, my age will be:

- 16-17 years old * (Junior Staff)
- 18-21 years old ** (Senior Staff)
- 21+ years old ** (Area Director)

*Staff members must be registered in a Scout BSA Troop, Venturing Crew, or Sea Scout Ship.

**Staff members 18 years and over must complete a criminal background 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 for.

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:

- Boy Scouts of America (BSA) camp staff members are expected to be well-groomed and present themselves in a neat and presentable manner. They should also follow a code of conduct that promotes a safe and healthy environment for all campers. Some of the grooming standards and expectations for BSA camp staff include:

Uniform

- Staff members should wear the official Scout and staff uniform, which is consistent for all staff members, depending on their duties. The uniform should be neat and shirts should be tucked in.

~ Code of Conduct ~

As a member of the Camp Staff of the Grand Teton Council, I understand that my personal example and conduct prior to and during the camping season must be of the highest standard.

I understand that the following behaviors are reason for my immediate removal from the training program.

- Use of alcohol or illegal drugs on camp property
- Violation of youth protection procedures
- Use of tobacco products
- Theft
- Any other unScout-like behavior

I will follow the Scout Oath and Law in all that I do.

Scout Oath

On my honor I will do my best
 To do my duty to God and my country
 And to obey the Scout Law;
 To help other people at all times;
 To keep myself physically strong,
 mentally awake, and morally straight.

Scout Law A Scout is:

Trustworthy	Courteous	Thrifty
Loyal	Kind	Brave
Helpful	Obedient	Clean
Friendly	Cheerful	Reverent

As Scouting America is a private organization, registration in the Scouting America is a requirement for employment in the Grand Teton Council.

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 _____ Date _____
 Parent's Signature (if under 18) _____ Date _____
 Parent Phone Number: _____ Parent Email: _____

If hired, the following information is needed—
 Primary Health Insurance Carrier
 Company _____
 Policy # _____
 Insured's Name _____

Please Circle Your Size –
Adult T-shirt - Medium Large X Large XX Large
Adult Jacket - Medium Large X Large XX Large