

# BTC Day Camp Staff Application

Please type or print all information.  
 Submit to the Day Camp Staff Advisor:

Michael Adam  
 Buffalo Trail Council  
 1101 W. Texas, Midland, Texas 79701-6171  
 Office: (432) 570-7601  
 michael.adam@scouting.org



**Personal Information** (Please print legibly)

Name \_\_\_\_\_ District \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Age on date of Check In \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Position (s) Desired** (Please number your 1st through 5th choice)

**Rotations**

- \_\_\_\_\_ Archery
- \_\_\_\_\_ BB Guns
- \_\_\_\_\_ Crafts
- \_\_\_\_\_ Games
- \_\_\_\_\_ Skits
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**Other Positions**

- \_\_\_\_\_ Camp Director
- \_\_\_\_\_ Program Director
- \_\_\_\_\_ Business Manager
- \_\_\_\_\_ Kitchen Staff
- \_\_\_\_\_ Commissioner
- \_\_\_\_\_ Health Officer



I know of no reason why my health would limit full Camp participation, and if accepted I will provide an up-to-date BSA physical examination. I am/will be a registered member of the Boy Scouts of America. If selected, the Boy Scouts of America can expect my loyalty to management, its policies, programs and my full cooperation with other member of the staff. I understand that a personal interview may be required before acceptance. I authorize the investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision. I declare that the information provided by me in this application for employment is correct, to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for not being considered for Day Camp. This application does not guarantee an interview or a position on staff.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**REQUIRED APPROVALS** (If under 18)

I have reviewed this application with the applicant, and personally believe that he/she is qualified for the position he/she is seeking. I feel this person will be an asset and recommend them to be a part of the staff at BTSR.

PARENT/GUARDIAN APPROVAL: SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVAL OF SCOUT LEADER: SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ Phone: \_\_\_\_\_



BOY SCOUTS OF AMERICA®

Year: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_