

# BTSR Returning Staff Application

Please type or print all information.

Submit to the Camp Director:

Gracie Quintela  
 Buffalo Trail Council  
 1101 W. Texas, Midland, Texas 79701-6171  
 Office: (432) 570-7601  
 Gracie.quintela@scouting.org



# BTSR

*est. 1947*

**Personal Information** (Please print legibly)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Driver's License State & Number \_\_\_\_\_ Age on June 4th \_\_\_\_\_

Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\*Certain age minimums may be waived with prior camp staff experience. Must be required age by June 8

+Requires National Camp School Certification

\*\* Health Officer requires either an Military Medic, EMT-B, EMT-I, Paramedic, Nurse, PA, DO, or MD

<u>Minimum Age 21* or Over</u>	<u>Minimum Age 18* or Over</u>	<u>Minimum Age 14* or Over</u>
<input type="checkbox"/> Program Director+	<input type="checkbox"/> Scout Skills Director	<input type="checkbox"/> Scout Skills Staff
<input type="checkbox"/> Aquatics Director+	<input type="checkbox"/> Trail To Eagle Director	<input type="checkbox"/> Handicrafts Staff
<input type="checkbox"/> Dining Hall Head Chef	<input type="checkbox"/> Handicrafts Director	<input type="checkbox"/> Nature/Ecology Staff
<input type="checkbox"/> Shooting Sports Director+	<input type="checkbox"/> Nature/Ecology Director	<input type="checkbox"/> Aquatics Staff
<input type="checkbox"/> Camp Chaplain	<input type="checkbox"/> Trading Post Manager	<input type="checkbox"/> Trading Post Staff
<input type="checkbox"/> Climbing Director+	<input type="checkbox"/> Archery Director	<input type="checkbox"/> Shooting Sports Staff
<input type="checkbox"/> Head Wrangler	<input type="checkbox"/> Assistant Cook(s)	<input type="checkbox"/> Trail To Eagle Staff
<input type="checkbox"/> Business Manager	<input type="checkbox"/> Asst. Ranger-Maintenance	<input type="checkbox"/> Dining Hall Staff
<input type="checkbox"/> Cavalcade Director	<input type="checkbox"/> Dining Hall Chef	<input type="checkbox"/> Climbing Staff
<input type="checkbox"/> Trading Post Manager	<input type="checkbox"/> Camp Commissioner+	<input type="checkbox"/> Wrangler Staff
<input type="checkbox"/> Adult Training Director	<input type="checkbox"/> Health Officer **	<input type="checkbox"/> Office Staff
	<input type="checkbox"/> Office Manager	
	<input type="checkbox"/> Cavalcade Wrangler	

**Summer Availability** (Put an "X" in the blank next to the week(s) you are available. Staff is encouraged to attend the full summer.) **Staff Week** is Mandatory for all staff.

<input type="checkbox"/> Staff Week June 2—8
<input type="checkbox"/> June 9—15 Week 1
<input type="checkbox"/> June 16—22 Week 2
<input type="checkbox"/> June 23—June 29 Week 3

I know of no reason why my health would limit full Camp participation, and if employed I will provide an up-to-date BSA physical examination. I am/will be a registered member of the Boy Scouts of America. I also agree to register as a member of Buffalo Trail Scout Ranch Staff Association Venturing Crew 1947. I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Scout Law, and Declaration of Religious Principle. 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 employment. 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 authorize all of my current and previous employers, schools, and other references to furnish the information requested to reach 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 employment. 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 also certify that the applicant's Scouting record indicated on this application is correct according to our unit advancement records. 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: \_\_\_\_\_

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

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

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