

Housatonic Council

Day Camp / Camp Strang Staff Application

I would like to be considered for staff at the following camps:

Camp Strang Day Camp

Name: _____ Nick Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

BSA Registration #: _____ Rank: _____ Leadership Position: _____

Email Address: _____ Social Security #: _____

Age on July 1, 2026: _____ Date of Birth: _____

Dates Available: From: _____ To: _____

School Name: _____

Current Grade: 9 10 11 12 College and Above: _____

Driver's License State: ____ Number: _____ Expiration Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Home Phone # _____ Work Phone # _____ Cell # _____

IF it is a NOAC Year, are you planning to attend NOAC? Yes or No

Are you planning to attend Philmont this summer? Yes or No

Are you planning to attend Sea Base this summer? Yes or No

Are you planning to attend summer camp with your unit this summer? Yes or No



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Positions Available at Day Camp (please indicate 1st, 2nd, 3rd choices)

Minimum age for the following is 14 years old:

Den Chief

Minimum age for the following is 16 years old:

Arts/ Crafts Director

Scout Skills Director

Sports Director

Nature Instructor

Minimum age for the following is 18 years old:

Archery Director

Shooting Sports

Commissioner

Den Guides

Health Officer

Positions Available at Camp Strang (please indicate 1st, 2nd, 3rd choices)

Please Note: All aquatic positions require staff member to earn or have Lifeguard BSA

Minimum age for the following is 14/15 years old:

CIT (counselor in training, must be first class or Venture)

Minimum age for the following is 16 years old:

Aquatics Instructor

Outdoor Skills Instructor

Ecology Instructor

Field Sports Instructor

STEM Instructor

Handicraft Instructor

Kitchen Staff

Dining Hall Steward

Minimum age for the following is 18 years old:

Asst. Aquatic Director

Outdoor Skills Director

Ecology Director

Handicraft Director

STEM Director

Archery Director

Commissioner

Trading Post Manager

Climbing Instructor

Kitchen Crew Chief

Minimum age for the following is 21 years old:

Climbing Director

Aquatics Director

Shooting Sports
Director

Program Director

Health Officer

Food Services
Director



Experiences

National Camping School Section: _____ Exp. Date: _____

Number of years attended: BSA Camp: _____ Cub Scout Camp: _____

Order of the Arrow (circle): Ordeal Brotherhood Vigil

Have you ever worked on a camp staff?: Y / N If yes, when and where? _____

List offices or leadership positions held: _____

List any honors/awards received including civic, religious, or academic: _____

What other experiences do you have working with youth? _____

Why do you want to work on camp staff? _____

What strengths would you bring to a camp staff? _____

What do you like best about summer camp? _____

What do you like least about summer camp? _____

List any other skills you have that would be beneficial to camp staff: _____



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Proficiency Rating: please label (1 – little skill, 2 – working knowledge, 3 – basic skill, 4 – mastery level)

Outdoor Skills	rating: _____	Teaching	rating: _____
Scouting Skills	rating: _____	Song Literature	rating: _____
Managing	rating: _____	Nature	rating: _____
Canoeing	rating: _____	Rowing	rating: _____
Photography	rating: _____	Swimming	rating: _____
Rifle/ Shotgun	rating: _____	Sailing	rating: _____
Archery	rating: _____	Sports	rating: _____
Handicraft	rating: _____	Campfires	rating: _____
Marketing/Sales	rating: _____	Citizenship	rating: _____
Scouting Skills	rating: _____	Song Literature	rating: _____
Communication	rating: _____	Food Services	rating: _____

References: (These individuals are to fill out the following reference section)

Every applicant please list 3 people, not related to you (ie. Teacher, Religious Leader, Supervisor, Coach, etc.)

Every applicant must list the 3 references below.

1- _____
2- _____
3- _____

Each applicant:

Please list your employer information (or your most recent employer, if you are no longer employed).

Company Name: _____ Position Held: _____

Supervisor: _____ Phone #: _____

How have you been working/ worked for this employer? _____



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References: Each reference please fill out the following information.

Reference #1

Name: _____

Address: _____

Phone: _____

How do you know the applicant? _____

Reference #2

Name: _____

Address: _____

Phone: _____

How do you know the applicant? _____

Reference #3

Name: _____

Address: _____

Phone: _____

How do you know the applicant? _____



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Applicants Agreement:

I certify that all the information given herein is true and correct to the best of my knowledge. I further authorize the Housatonic Council, BSA to verify my information provided and contact references as part of the employment process. Willful misrepresentation will be grounds for termination of employment.

Applicant's Signature: _____ Date: _____

IF less than 18 years old:

Parents Signature of Approval: _____ Date: _____

Scout Leaders Signature of Approval: _____ Date: _____

Please turn in completed applications in person to Carole Cafaro at the Council office Monday thru Friday or Submit the completed application via mail to:

Attn: Summer Camp Staff
Housatonic Council, Boy Scouts of America
111 New Haven Avenue
Derby, CT 06418

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law. Applicants are considered without regard to race, color, religion, sex, national origin, 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.



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CAMP STRANG/ DAY CAMP CIT APPLICATION

I would like to be considered as a CIT at the following camps: Camp Strang ____ Day Camp ____

Personal Contact Information:

Name: _____ Nick Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

BSA Registration in Unit: _____ Rank: _____ Leadership Position _____

Email Address: _____ Social Security #: _____

Age on July 1, 2026: _____ Date of Birth: _____

Dates Available - From: _____ to: _____

School Name: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Work: _____ Cell: _____

If this is a NOAC Year, are you planning to attend NOAC? Yes ____ No ____

Are you planning to attend Philmont this summer? Yes ____ No ____

Are you planning to attend SeaBase this summer? Yes ____ No ____

Are you planning to attend summer camp with your unit this summer? Yes ____ No ____

Scout Master Approval: (Print) _____

(Signature) _____

