

Twin Rivers Council Camp Staff Application – Day Camp

_____Camp Wakpominee

_____Rotary Scout Reservation

Date: _____

You MUST attend Day Camp Training

SELECT ONE: Adult Volunteer _____ Scout Staff (Age 14-17) _____

Basic Personal Information (print or type clearly):

NAME: _____

PHONE: Home: _____ Work: _____ Cell: _____

Present

Address: _____ CITY/STATE/ZIP _____

E-MAIL ADDRESS _____ DOB _____ Adult Shirt Size _____

Are you a Registered BSA Member? _____ Pack # _____ Troop # _____ Crew # _____

Your Cub Scout's Name _____ Rank _____

Do you have: CPR Training _____ First Aid Training _____ Waterfront Training _____

Please provide the expiration date and copy of all cards with the application

Date of Youth Protection Training _____

REFERENCES: List 3 references that can expect to be contacted

1) _____ Phone# _____

2) _____ Phone# _____

3) _____ Phone# _____

Why do you want to work at Camp? _____

(A personal resume of experience is welcome but not required)

Applicants are considered for all positions without regard to race, color, 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.

I have completed this application to the best of my knowledge. All information is correct.

I agree to cooperate fully with the policies, program, and management at Day Camp. The information above is true to the best of my knowledge. I agree to submit an accurate health report prior to arrival to the camp. I also agree to attend Day Camp Staff Training, stay for the entire week of camp, and attend the Friday closing program. I also understand I am subject to a criminal background check.

SIGNATURE OF APPLICANT _____ DATE: _____

Please email application to Jeannine Bechand trc.cubdaycamp@gmail.com Or mail to: 24 Harwood Dr. Scotia NY 12302