



Kerr Scout Ranch at Slippery Falls

Last Frontier Council Application for Employment - Seasonal Camp Staff

An Equal Opportunity Employer

The Last Frontier Council, Boy Scouts of America, is an equal opportunity employer. The Last Frontier Council does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical disability, military status, or unfavorable discharge from military service.

In accordance with Boy Scouts of America qualifications and requirements, I hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principle. I agree to abide by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America.

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

All camp staff members must be registered members of the Boy Scouts of America during the term of employment.

PLEASE PRINT CLEARLY:

Name: _____ Preferred Name: _____
FIRST MIDDLE LAST SUFFIX

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Alternate Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone number: _____ Best time to call: _____

Age 18 or older? Yes ☐ No ☐

Relative employed by our council? Yes ☐ No ☐

Have you been previously employed by the BSA? If relative employed, name: _____

Yes ☐ No ☐ If yes, council name and camp: _____

EDUCATION:

Highest degree OR current year of school: _____

GPA: _____ Graduated: Yes ☐ No ☐

Major: _____

School: _____ Location: _____

LICENSES AND CERTIFICATIONS: (Attach information about other licenses or certifications on a separate sheet.)

License or Certificate: _____

Issue Date: _____ License No. (if applicable): _____

Issued by: _____

State/Country: _____ Expiration Date: _____

SPECIALIZED SKILLS AND TRAINING: (List all skills and training applicable to camp staff.)

Name: _____

LAST

FIRST

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SCOUTING EXPERIENCE (Not mandatory for employment)

Number of Years as: Youth: _____ Adult: _____

Council: _____ Unit: _____

Current Position: _____ Other Positions Held: _____

Highest Youth Rank: _____

Achievements: _____

Special Training Completed: _____

MUSIC PERFORMANCE:

Do you play a musical instrument? Yes ☐ No ☐ Instrument(s): _____

PRIOR WORK EXPERIENCE

Include any employment prior to today's date, even if that employment has not ended. For more than two employers, submit the information in the same format on another sheet. Include military experience as if an employer, including branch, rank, and date of discharge. Include past summer camp experience as well.

Last/Current Employer: _____ May we contact your current employer? Yes ☐ No ☐

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor's name: _____ Phone: _____

Start Date: _____ End date: _____ Ending Position or Rank: _____

Reason for Leaving*: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor's name: _____ Phone: _____

Start Date: _____ End date: _____ Ending Position or Rank: _____

Reason for Leaving*: _____

*Have you ever been discharged or asked to resign from any job? _____ If so, give details on a separate sheet.

REFERENCES

New applicants should submit three references, not related to you, one from each category listed below. Please have each reference complete a Camp Staff Reference Form and return it to the Council address provided.

1. **Adult member of Scouting unit, school official, or current employer:**
2. **Community organization leader, club leader, coach, or past employer:**
3. **Teacher, supervisor, or associate:**

Name	Phone & Email	Company/Organization	Years Acquainted
1.			
2.			
3.			

LAST	FIRST	MI
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CAMP POSITION FOR WHICH YOU ARE APPLYING:

I am interested in the following position(s) from the list below. They are listed in the order of my preference with my qualifications for the position (experience, merit badges earned, hobbies, and former jobs) indicated.

1. _____ Qualifications: _____
2. _____ Qualifications: _____
3. _____ Qualifications: _____

I will meet each position's minimum age requirement by June 6, 2023:

☐ Yes ☐ No

Positions

Minimum	21	Western Heritage Director	18	Outdoor Skills Director
Age	18	Aquatics Instructor	18	Outdoor Skills Instructor
21 Program Director	18	Archery Instructor	18	Quartermaster Assistant
21 Aquatics Director	18	Technology Instructor	18	Wrangler
21 Business Manager	18	COPE/Climbing Instructor	16	Lifeguard
21 Camp Cook	18	Dining Hall Staff	16	Life to Eagle Counselor
21 Chickasaw Village Director	18	Ecology/Conservation Director	15	Aquatics Counselor
21 Commissioner	18	Ecology/Conservation Instructor	15	Chickasaw Village Counselor
21 Climbing Director	18	Frontiersman Assistant Director	15	Climbing Counselor
21 Dining Hall Steward	18	Frontiersman Director	15	Dining Hall Staff
21 Health Lodge Officer	18	Frontiersman Instructor	15	Ecology/Conservation Counselor
21 Outpost (High Adventure) Director	18	Chickasaw Village Instructor	15	Frontiersman Counselor
21 Maverick Troop Scoutmaster	18	High Adventure Instructor	15	High Adventure Counselor
21 Quartermaster	18	Life to Eagle Director	15	Outdoor Skills Counselor
21 Shooting Sports Director	18	Life to Eagle Instructor	15	Trading Post Clerk
21 Shooting Sports Instructor	18	Metalworking Instructor	15	Western Heritage Counselor
21 Trading Post Manager	18	Office Manager/Registrar	15	Wrangler

WHY DO YOU WANT TO WORK AT CAMP?

ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON

Exceptions must be requested during interviews.

2023 Camp Staff Dates:

Staff Development Training – To be announced

May 28- June 3 Staff Development Week (Some senior staff may be required to report earlier.)

June 4-10 Session 1

June 11-17 Session 2

June 18-24 Session 3

June 25-July 1 Session 4

The council may decide to add sessions 5 and 6 once sessions 1-4 reach capacity.

Most staff will be dismissed the Sunday after the last session.

LIST ANY KNOWN CONFLICTS WITH AVAILABILITY FOR THE FULL CAMP SEASON:

Name: _____
LAST FIRST MI

Applicants are subject to background investigations, including criminal background checks.

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Please read carefully before signing:

I attest with my signature below that I have given the Last Frontier Council, Boy Scouts of America, true and complete information on this application. No requested information has been concealed. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. I authorize the Last Frontier Council, Boy Scouts of America, to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Last Frontier Council, Boy Scouts of America, to hire me. If I am hired, I understand that either the Last Frontier Council, Boy Scouts of America, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative other than the Scout executive has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

If selected as a staff member, I understand that I am expected to abide by the conditions of the Statement of Understanding and Code of Conduct, to abide by the policies in the Staff Handbook, and to cooperate with other members of the staff. I will serve to the best of my ability for the entire camping season in the position to which I am assigned. If employed, I will provide a current Boy Scouts of America Annual Health & Medical Record, 680-001, parts A, B & C.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(For applicants under 18 years of age)

Signature must be handwritten. We are unable to accept an electronic signature.

Note: Interviews will be held on an individual basis. Any questions regarding this application or the application process should be directed to the Last Frontier Council at 405-840-1114.

RETURN YOUR COMPLETED APPLICATION TO:

**CAMP DIRECTOR, KERR SCOUT RANCH AT SLIPPERY FALLS
LAST FRONTIER COUNCIL
3031 NW 64TH STREET
OKLAHOMA CITY, OK 73116-3527**

For office use only

Date of Interview _____ Interviewed By _____

Last Frontier COUNCIL
BACKGROUND INVESTIGATION
DISCLOSURE AND AUTHORIZATION

For Use With Last Frontier Council Employment Application

In making this application I understand that investigative reports, which may include information regarding any criminal background, my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be made. I authorize the Last Frontier Council

to procure or cause to be procured such reports. Such a report may be a “consumer report” or an “investigative consumer report” within the meaning of the Fair Credit Reporting Act (“FCRA”), in which event I am entitled, upon my request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Last Frontier Council and a summary of my rights under the FCRA.

I also understand that under the FCRA, before taking any adverse employment action based in whole or in part on a consumer report or investigative consumer report, the Last Frontier Council must

provide me with a copy of the report and a written description of my rights under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any information contained in a consumer report, the Last Frontier Council must give me a notice. The notice may be given in writing, orally, or by electronic means and must include the following:

- The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency, if it is a nationwide consumer reporting agency) that provided the report.
- A statement that the consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth my right to obtain a free disclosure of my file from the consumer reporting agency if I request the report within 60 days.
- A statement setting forth my right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by the consumer reporting agency.

Date

Signature