



Heart of Virginia Scout Reservation  
Cub Adventure Camp  
STAFF APPLICATION 2024

Shirt Size:

**DATES:** **Mandatory Staff Week Training: 16-21 June** \_\_\_\_\_ Session 3: 5-8 July  
\_\_\_\_\_ Session 1: 23-26 June \_\_\_\_\_ Session 4: 12-15 July  
\_\_\_\_\_ Session 2: 26 June-29 June \_\_\_\_\_ Camp Close-up: 15-18 July

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Use the address where you will receive mail)

Age as of June 1, 2023: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Email \_\_\_\_\_ Parent Email: \_\_\_\_\_  
(contracts and communication will be sent to this email – REQUIRED) (if under 18 years old)

Years Scouting Experience: SCOUT RANK \_\_\_\_\_ Troop #/Crew #: \_\_\_\_\_  
Scouts BSA/Venturing \_\_\_\_\_ Leader \_\_\_\_\_ Camp Staff \_\_\_\_\_ CAC Camp Staff \_\_\_\_\_ TBS Camp Staff \_\_\_\_\_

Previous Staff Experience: \_\_\_\_\_

List any Scouting, school, extracurricular, or leadership experiences: \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_

**CURRENT CERTIFICATIONS**

CPR	___Yes___No	Certifying Agency _____	Expiration Date _____
CPR Instructor	___Yes___No	Certifying Agency _____	Expiration Date _____
First Aid	___Yes___No	Certifying Agency _____	Expiration Date _____
F/A Instructor	___Yes___No	Certifying Agency _____	Expiration Date _____
Adv. First Aid	___Yes___No	Certifying Agency _____	Expiration Date _____
EMT	___Yes___No	Certifying Agency _____	Expiration Date _____
Other _____		Certifying Agency _____	Expiration Date _____

Special Training or Other Certifications: \_\_\_\_\_

**Please submit all current Certifications with this Application**

**BSA NATIONAL CAMP SCHOOL CERTIFICATION (IF ANY)**

_____ Aquatics Director	_____ Outdoor Skills/First Year Camper	_____ Ecology Director
_____ Resident Camp Director	_____ COPE Director	_____ Trek Director
_____ Resident Program Director	_____ Shooting Sports Director	

**EMPLOYMENT HISTORY**

Present or Most Recent Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Have you ever been arrested for or convicted of a crime? \_\_\_\_\_ Have you ever been asked to resign from any job? \_\_\_\_\_

**REFERENCES**--Three references from School, Employer, Religious Affiliation, or Scouting

Name	Relationship	Phone Number	Email
1. _____			
2. _____			
3. _____	Scoutmaster/Advisor		

**JOB POSITIONS & AREAS OF INTEREST**

\_\_\_\_ **Counselor-in-Training (CIT)** *not a paid position – minimum two sessions of camp*  
(Must be at least 14 by June 1 to apply)

**CUB ADVENTURE CAMP STAFF POSITIONS & AREAS OF INTEREST:**

**Number (1,2,3, etc.) the positions for which you are applying in order of preference.**

____ Aquatics Instructor	____ Handicraft	____ Nature/Ecology	____ Kitchen
____ Fishing	____ Mining/Geology	____ Campcraft	____ Adventure Guide
____ Office Support	____ S.T.E.M.	____ Hiking	

*Must be 18 or older to apply:*

\_\_\_\_ Aquatics Director    \_\_\_\_ Archery    \_\_\_\_ BB Range    \_\_\_\_ Health Officer    \_\_\_\_ Trading Post

By signing this statement, I agree that the information contained in this application is true and correct to the best of my knowledge. If I am not currently registered as a Scout or Leader, I will agree to do so prior to camp opening.

____ Applicant's Signature	____ Date	____ Phone #	____ Email
____ Parent Signature (if applicant is under 18)	____ Date	____ Phone #	____ Email

Please return to:

Heart of Virginia Council  
Attn: Heather Mulvihill  
8090 Villa Park Drive  
Henrico, VA 23228  
Heather.Mulvihill@scouting.org

(Camp use only)  
Date: Received: \_\_\_\_\_ Agreement sent: \_\_\_\_\_ Agreement received: \_\_\_\_\_