



Heart of Virginia Scout Reservation

Camp T. Brady Saunders

STAFF APPLICATION 2025



Dates: Staff Training March 21-23 and April 11-13 TBS Camp Staff Week June 8- June 14
 Summer Camp TBS Week 1 6/15-6/21 TBS Week 2 6/22-6/28 Cub Adventure World Session 1 6/29-7/2 Session 2 7/2-7/5
 TBS Week 3 7/6-7/12 TBS Week 4 7/13- 7/19 Cub Adventure World Session 3 7/11-7/14 Session 4 7/18-7/21

Type of Contract

I wish to work at:

TBS _____ **Cub Adventure Camp** _____ **Both** _____

Name: _____

Address _____ **City:** _____ **State:** _____ **Zip:** _____
Use the address where you will receive mail

Email _____ **Phone (H)** _____ **(C)** _____
 (REQUIRED contracts and communication will be sent to this email, no other notifications will be sent)

Parents Email _____ **Phone (H)** _____ **(C)** _____
 (Required if under 18 year old)

DATES AVAILABLE: ___/___/2025 - ___/___/2025 **Shirt Size:** _____

Years Scouting Experience

Scouts BSA/Venturing _____ **Leader** _____ **Camp Staff** _____ **CAC Camp Staff** _____ **TBS Camp Staff** _____

Previous Staff Experience

Male/Female _____ **Date of Birth:** ___ - ___ - _____ **Troop #/Crew #:** _____

List any Scouting, school, extracurricular, or leadership experiences: _____

Hobbies and Special Interests

CURRENT CERTIFICATIONS

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
CPR Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
F/A Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
Adv. First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
EMT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency _____	Expiration Date _____
Other	_____	Certifying Agency _____	Expiration Date _____

Special Training or Other Certifications: _____

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. _____	_____	_____	_____

JOB POSITIONS & AREAS OF INTEREST

CAMP T. BRADY SAUNDERS STAFF POSITIONS:

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

Must be at least 16 by June 1 for the following positions:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aquatics Instructor | <input type="checkbox"/> Outdoor Skills Instructor | <input type="checkbox"/> Ecology Instructor | <input type="checkbox"/> Adventure Guide |
| <input type="checkbox"/> Trail Blazer Instructor | <input type="checkbox"/> Eagle Area Instructor | <input type="checkbox"/> Kitchen Staff | |
| <input type="checkbox"/> Handicraft Instructor | <input type="checkbox"/> Trading Post Associate | <input type="checkbox"/> STEM Instructor | |

Must be at least 18 by June 1 for the following positions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Outdoor Skills Director* | <input type="checkbox"/> Ecology Director* | <input type="checkbox"/> Archery Instructor | <input type="checkbox"/> S.T.E.M. Director |
| <input type="checkbox"/> Climbing/COPE Instructor | <input type="checkbox"/> Commissioner | <input type="checkbox"/> Handicraft Director | <input type="checkbox"/> Dining Hall Steward |
| <input type="checkbox"/> Aquatics Instructor | <input type="checkbox"/> Health Officer | <input type="checkbox"/> Mountain Bike Staff | <input type="checkbox"/> Eagle Area Director |
| <input type="checkbox"/> Cooking Instructor | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> OA Commissioner | <input type="checkbox"/> S. Sports Assistant |

Must be at least 21 by June 1 for the following positions:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Camp Director* | <input type="checkbox"/> Program Director* | <input type="checkbox"/> Aquatics Director* | <input type="checkbox"/> Shooting Sports Director* |
| <input type="checkbox"/> Quartermaster | <input type="checkbox"/> Camp Commissioner* | <input type="checkbox"/> Trading Post Manager | <input type="checkbox"/> Trail Blazer Director* |
| <input type="checkbox"/> Business Manager | <input type="checkbox"/> Ranger Challenge | <input type="checkbox"/> COPE/Climbing Director* | <input type="checkbox"/> Dining Hall Manager |

* Must be available to attend a weeklong certification course prior to camp for this position.

CUB ADVENTURE CAMP STAFF POSITIONS & AREAS OF INTEREST:

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

- | | | | | | |
|--|--|---|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Aquatics Instructor | <input type="checkbox"/> Handicraft | <input type="checkbox"/> Nature/Ecology | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Fishing | <input type="checkbox"/> Mining/Geology |
| <input type="checkbox"/> Campcraft | <input type="checkbox"/> Adventure Guide | <input type="checkbox"/> Office Support | <input type="checkbox"/> S.T.E.M. | <input type="checkbox"/> Hiking | |

Must be 18 or older to apply:

- | | | | | |
|--|----------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Aquatics Director | <input type="checkbox"/> Archery | <input type="checkbox"/> BB Range | <input type="checkbox"/> Health Officer | <input type="checkbox"/> 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
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Parent Signature (if applicant is under 18)	Date	Phone #	Email
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Please Return to:
 Heart of Virginia Council
 Attn: John Allen
 8090 Villa Park Drive
 Henrico, VA 23238
 And email to
 john.allen602@scouting.org

(Camp use only)

Date: Received: _____ Agreement sent: _____