



## Slippery Falls Scout Ranch 2012 Camp Staff Application

Applicants are not required to provide any information on this form that is prohibited by federal, state, or local law. Because of the close relationship to the mission of Scouting, camp staff members are required to accept the Boy Scouts of America's Declaration of Religious Principle, the Scout Oath, and the Scout Law.

Applicants for camp staff are considered without regard to race, color, religion, 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.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

**PLEASE PRINT CLEARLY:**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone number \_\_\_\_\_ Best time to call \_\_\_\_\_

**REFERENCES**

New applicants are required to submit at least three references, one from each category listed below. Please have each reference complete a Camp Staff Reference Form and return it to the OKC Service Center address listed on the form.

1. **Adult member of unit, college official or current employer:**
2. **Community Leader or past employer:**
3. **Teacher, supervisor, or associate:**

**SCOUTING EXPERIENCE** (Not mandatory for employment)

Number of Years as: Cub Scouts: \_\_\_\_\_ Boy Scout: \_\_\_\_\_ Girl Scout: \_\_\_\_\_ Venturer: \_\_\_\_\_

Council: \_\_\_\_\_ District: \_\_\_\_\_ Unit: \_\_\_\_\_

Current Position: \_\_\_\_\_ Other Positions Held: \_\_\_\_\_

Highest Youth Rank: \_\_\_\_\_ Order of the Arrow CIRCLE ONE : Not a member | Ordeal | Brotherhood | Vigil

Other Awards: \_\_\_\_\_

**If you are a youth registered in a Scouting unit, you need your unit leader's approval.**

Leaders Name: \_\_\_\_\_ Address: \_\_\_\_\_

Unit #: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ Phone # (W/Cell): \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

**EDUCATION AND SPECIAL TRAINING:**

	Name and Location of School:	DATES (from/to)	GRADUATED (month/yr; major)
High School			
College			
Technical/Vocational			
Other Special Training			

Leadership Positions	
Other Experiences	
Extra-Curricular Activities	





