



2012 Camp Staff Development (CSD) Application

Applicants for the Camp Staff Development program should be at least 14 years of age and have completed the 8th grade by the start of camp. Please complete this application, obtain the required signatures of your parent/guardian and unit leader and return the completed form to the Last Frontier Council office no later than April 21st.

Mail to:

Last Frontier Council
3031 NW 64th Street
Oklahoma City, OK 73116-3527
405-840-1114

Personal Information

Full Name _____ Shirt Size _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Date of Birth _____ Last Grade Completed _____

Scouting Background

Current Unit # _____ Current position in unit _____

OA member (circle applicable): Not a member Ordeal Brotherhood Vigil

Rank obtained as Scout _____ # of Merit Badges _____

Past unit positions served _____

Camping Background _____

Years as a- Cub Scout _____ Boy Scout _____ Venturer _____

Leadership Positions held in unit _____

Training Courses attended and dates _____

List your church, school, and community activities _____

List any awards and recognitions that you have received _____

What are your hobbies? _____

List any Merit Badges you have earned that may be relevant to the summer camp program _____

What areas of Scouting do you like best _____

What areas of scouting do you feel most qualified to instruct? _____

Why do you want to work on the Slippery Falls Staff? _____

If accepted for the Camp Staff Development Program, I understand that I will work at camp for a period of two (2) consecutive weeks. The options are listed below and I have indicated my preference for the weeks that I would like to participate. I further understand that the Last Frontier Council assumes the responsibility of my room and board and that no further compensation will be given.

Note: Applicants will not be allowed to participate in the CSD program while their unit is at Slippery Falls.

My choice(s) for weeks are checked.

1st and 2nd Sessions (June 5-18) _____ 3rd and 4th Sessions (June 19-July 2) _____ 5th and 6th Sessions (July 3-16) _____

Applicant's Signature

Date

Signature of parent/guardian if under the age of 18

Endorsement of Unit Leader

I approve this application and recommend _____ for consideration as a participant in the Camp Staff Development program at Slippery Falls.

Comments _____

Leader's Printed Name: _____ Address: _____

Unit #: _____ District: _____ Phone # (H): _____ Phone # (W/Cell): _____

Leader's Signature: _____