

2020 KSR Camp Staff 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 by March 31, 2020. (We start accepting applications January 26th 2020) 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 Number & District _____

Current position in unit _____

OA member (circle applicable):

Not a member Ordeal Brotherhood Vigil Rank obtained as Scout _____

Number of Merit Badges _____

Past unit positions served _____

Camping Background

Years as a- Cub Scout _____

Boy Scout _____ Venture _____

Leadership Positions 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?

LFC Camp Staff Development (CSD) Application 2

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

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: _____ Unit #: _____ District: _____

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

Leader's Signature: _____