



**Twin Rivers Council, Boy Scouts of America**  
**Summer Camp Employment Application**  
**Camps Boyhaven , Rotary, and Wakpominee**  
**Mail to: Twin Rivers Council**



**Albany Office**  
**253 Washington Ave. Ext.**  
**Albany, NY 12205**

**Glens Falls Office**  
**15 Pearl St.**  
**Glens Falls, NY 12801**

**Phone #: 1 (800) 734-2721 or (518) 869-6436**  
**Fax Number: (518) 869-6439**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 PHONE # (Home) ( ) \_\_\_\_\_ (Work or College) ( ) \_\_\_\_\_  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ **SOCIAL SECURITY # (Required):** \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**CAMP YOU ARE APPLYING FOR:** Boyhaven ( ) Rotary ( ) Wakpominee ( )

**Areas of Interest**

**Indicate Choices by #1, 2 & 3**

- Camp Director \*(25)
- Program Director \* (21)
- Health Officer - RN, LPN, EMT (21)
- Camp Commissioner \* (18)
- Business Manager (18)
- Trading Post Manager (18)
- Trading Post Clerk (15)
- Quartermaster (15))
- Office Manager (15)
- Dining Steward (16)
- Cook (21)
- Assistant Cook (18)
- Kitchen Aide (16)
- Voyageur \* (18)
- Pioneer Program Director (18)
- Counselor in Training (15)
- Aquatics Director \* (21+)

- Aquatics Instructor (16)
- Field Sports Director \* & NRA Required (21)
- Archery Range Director (18)
- Field Sports Instructor (16)
- Sports Director – Cub Scouts (18)
- C.O.P.E. Director \* (21)
- C.O.P.E. Instructor (18)
- Nature Director-Cub Scouts \* (18)
- Ecology/Conservation Director \* (18)
- Ecology/Conservation Instructor (16)
- Handicraft Director (18)
- Handicraft Instructor (16)
- Scoutcraft Director NCS preferred (18)
- Scoutcraft Instructor (16)
- Pioneer Program Instructor (16)
- Mountain Biking Director (18)
- Mountain Biking Instructor (16)

\* National Camp School training required

**NOTE: Age shown is minimum required**

**EDUCATION**

	Name and Location	Date of graduation	Major
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

**SPECIALIZED TRAINING**

Standard First Aid _____ expiration date	_____ Advanced Lifesaving - Red Cross
CPR/ Basic Life Support ___ expiration. date	_____ Water Safety Instructor - WSI- Red Cross
Emergency Medical Technician – EMT # _____	_____ Red Cross Lifeguard Training
_____ expiration date	_____ Sailing Instructor - Red Cross
National Camping School _____	_____ BSA Lifeguard _____ exp. date
Topic and Date _____	_____ Other _____

**Additional experience which adds to your qualifications. Please include Team & school activities:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCOUTING EXPERIENCE**

Registered as \_\_\_\_\_ Unit # \_\_\_\_\_ Council \_\_\_\_\_

Cub Scout                      Boy Scout                      Explorer                      Adult                      Order of the Arrow  
Years tenure

Highest Rank Attained \_\_\_\_\_

Office(s) Held \_\_\_\_\_

Previous Camp Staff Experience, Include Dates and locations \_\_\_\_\_

**AWARDS EARNED AND UNIQUE PROGRAMS ATTENDED**

Print Legibly or type all Merit Badges Earned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Print Legibly or type all Special Activities attended (Eg: National Jamboree, NOAC, JLT, Philmont, etc.) Also if you participate in Team Sports or other sports.

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Name    Address    Phone #

Scouting \_\_\_\_\_

School \_\_\_\_\_

Employer \_\_\_\_\_

Other \_\_\_\_\_

I hereby make my application for summer camp employment at Twin Rivers Camps and in accordance with the principles of the organization, I subscribe to the Scout Oath or Promise, Scout Law and Declaration of Religious Principal. I agree to be loyal to and cooperate fully with the policies, programs and management of the camp, which might employ me. I further agree, if selected, to provide the camp with a current health examination report upon my arrival.. I attest that all of the information in this application is true to the best of my knowledge.

I understand that a personal interview may be required before final approval will be granted for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scoutmaster Signature (Approval required for all under 18) \_\_\_\_\_

Parent/ Guardian Signature required for all under 18 \_\_\_\_\_

NOTE: You are welcome to attach a separate sheet to list any additional information about yourself including skills, awards, or accomplishments that will help us with your application. If you wish to enclose letters of recommendation, please label them legibly and attach them to this form.