

For Camp Management Use Only:

REC-BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCPT: \_\_\_\_\_

MED: \_\_\_\_\_

CERTS: \_\_\_\_\_

TYPT: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

COC: \_\_\_\_\_

LOE: \_\_\_\_\_

# SCOTT SCOUT RANCH

## Adult

*(Adults: 18+ years of age)*

# Camp Staff Application

Thank you for your interest in working on Camp Staff at the Scott Scout Ranch. Staff has always been and will continue to be a group of wonderful and diverse Scouts and Scouters who come together to provide a top rate Camp experience for our participants. We are very happy to consider you for a position on the Scott Scout Ranch Staff, so please complete the attached application and return it to the Three Rivers Council Office.

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*Please PRINT your name in the space above.*

*Please include a copy of your current Medical Form, Texas Youth Protection Training Card & Quiz, and a copy of any relevant Certifications and/or Trainings that you have.*

# Scott Scout Ranch- Adult Staff Application

Adults aged 18 years of age and older should complete this application. This application will be given every consideration, but its receipt does not imply or guarantee that the application will be accepted. Please complete the application and send it to the Three Rivers Council Office at the information provided below:

## Three Rivers Council B.S.A.

4650 Cardinal Drive, Beaumont, TX 77705  
Office: 409-842-5240 Fax: 409-842-5298

### Section 1: Personal Information

Name: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ DL State: \_\_\_\_\_

### Section 2: Scouting Experience

Are you a registered member of the Boy Scouts of America (circle one):      Yes      No

Unit No.: \_\_\_\_\_ Position: \_\_\_\_\_

Previous Scouting Experience: \_\_\_\_\_

Please list any certifications/memberships/licenses that you have (i.e. BSA Camping School, CPR, First Aid, etc.). Please list the expiration dates as well:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 3: Educational Background

Please list the highest level of education earned:

From what institution: \_\_\_\_\_ Date earned: \_\_\_\_\_

Application continued on the following page.

# Scott Scout Ranch - Adult Staff Application

## Section 4: Camp Staff Experience

Please specify what Scott Scout Ranch session you are applying for (circle one & enter year):

Summer Camp

Winter Camp

Year: 20 \_\_\_\_\_

Have you served on Scott Scout Ranch Staff previously?

Yes

No

For what position are you applying? \_\_\_\_\_

In a short paragraph, explain why you would like to be a part of the Scott Scout Ranch Staff, how you feel that you can benefit the Camp program, and why you wish to apply for the position that you noted above:

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## Section 5: References

Scouting Reference

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Religious Reference

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Employer Reference

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

*Applicants accepted for the Scott Scout Ranch Staff are accepted on a trial basis with a probationary period. If, in our judgment, it is found that the specific individual is not adapted to the work assigned, if the Scott Scout Ranch or Staff policies have been violated, or if information provided on this form has been misrepresented, the agreement may be terminated without any other reason. Your signature on this form certifies that you know and understand this policy.*

*The State of Texas requires a criminal background check on all persons 18 years of age or older who will be working as a member of our Scott Scout Ranch Staff. Your signature on this form certifies that you know and understand this process.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

BSA ADULT APPLICATION

Camp Staff - Code 49

All fields must be completed in order to process your registration.

First name (Full legal name) Middle name Last name Suffix

Country Home Address Date of Birth (mm/dd/yyyy)

City State Zip Social Security Number (required)

Ethnic background: Black/African Caucasian/White Native American Hispanic/Latino Alaska Native Pacific Islander Asian Other Gender: M F

Primary phone Alternate phone Extension Scout Life subscription

Please select your preference of communication: Email Phone Call SMS/Text Occupation

Email address

Are you an Eagle Scout? Yes No If so, enter date earned Eagle (mm/dd/yyyy) Employer

All questions MUST be answered. Write NONE if not applicable.

1. Scouting background. 2. Experience working with youth in other organizations. 3. Previous residences (for last 10 years). 4. Current memberships (religious, community, business, labor, or professional organizations). 5. Additional information. (Mark each answer.) b. Have you ever been arrested for a criminal offense... c. Has your driver's license ever been suspended or revoked? d. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child?

I hereby certify that 1. I have read and affirm that I accept the Declaration of Religious Principle... 2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief. INITIALS REQUIRED Signature of applicant Date

TO BE COMPLETED BY ~~UNIT~~ Camp Director

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program. All applications should be submitted to the local council within 5 business days.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of Chapter/Unit Organization, Year, or representative of council representative Date

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of Scout Executive or designee Date

Unit type: Pack Troop Crew Ship Camp Director New leader Former leader Position change Participant

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

Unit No. or District name

Unit No. or District name

Scouting Position Code Scouting Position Title

Transferring from Unit/Council:

Registration fee Council fee Scout Life fee Credit card

Transfer application Multiple application Pack Troop Crew Ship Enter membership number from unexpired registration: