



# Michigan Crossroads Council

## Boy Scouts of America



### *Application for Employment for Summer Camp Staff*

Please indicate the camp you are applying for:

Please circle the type of employment you are applying for:    Camp Staff   -   CIT   -   Volunteer

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

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

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

Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Please list the dates you are available:

Current BSA Registration:

Youth    Adult   Unit#: \_\_\_\_\_

Not Registered (BSA membership is required)

Council: \_\_\_\_\_

District: \_\_\_\_\_

Position In Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

OA Member?    Yes    No

If yes, please indicate honor level:

Ordeal    Brotherhood    Vigil

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

### Please indicate the position you are applying for:

(List: 1= first choice, 2= second choice, 3= third choice, etc)

# in parenthesis indicates minimum age requirement / \*Requires National Camp School - Paid Staff minimum age is 16, CIT minimum age is 15

Aquatics Director (21)*	First Year Camper Instructor	Scoutcraft Instructor
Aquatics Instructor	Food Service Director (21)	Shooting Sports Director (21)*
Archery Director (18)	Food Service Staff	Shooting Sports Instructor
Archery Instructor	Handicraft Director (18)	Technology Director (18)
Business Manager (21)	Handicraft Instructor	Technology Instructor
Camp Clerk	Health Officer (21)	Trading Post Manager (21)
Camp Commissioner (18)*	Mountain Biking Staff	Trading Post Staff
Camp Director (21)*	Nature Director (18)	Welding/Industrial Arts Director (18)
Chaplain (18)	Nature Instructor	Welding/Industrial Arts Staff
Climbing/COPE Director (21)*	Program Director (21)*	Wrangler/Equestrian Staff
Climbing/COPE Instructor	Quartermaster (16)	Other:
Den Chief	Ranger (18)*	Other:
Dining Hall Steward	Ranger Staff	Other:
First Year Camper Director (18)	Scoutcraft Director (18)	Other:

I am:    16 or older        18 or older        21 or older

## Education

Educational Institution Attended	Dates	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us how your experience, education, & talents would be of benefit to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work Experience

(include BSA Camp Staff employment)

Employer (Include Phone#)	Dates	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Service?  Yes  No If Yes: \_\_\_\_\_

## Training

Please indicate the training you have received: I = date issued / E = date training expires

### BSA Training

### Health & Safety Training

Leader Specific Training I: _____	Safety Afloat E: _____	CPR (ARC or American Heart) E: _____	Wilderness First Responder E: _____
Youth Protection I: _____	BSA Lifeguard E: _____	Basic First Aid (ARC) E: _____	National Rifle Association I: _____
Wood Badge I: _____	Paddle Craft Safety E: _____	ARC WSI E: _____	National Archery Association I: _____
Camp School E: _____	Swimming & Water Rescue E: _____	ARC Lifeguard E: _____	Hunter Safety Instructor I: _____
Section: _____	Weather Hazard E: _____	Professional Rescuer E: _____	Leave No Trace ___ Trainer ___ Master Educator
Safe Swim Defense E: _____	Other: _____	Emergency Medical Responder E: _____	Other _____
Other _____	Other _____		Other _____

Please indicate any hobby or areas of interest that you have and how they would relate to your success as a member of camp staff:

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Please list any awards/achievements that you feel will be helpful regarding your employment at camp:

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### Physical Record

Your employment with the Michigan Crossroads Council requires you, at your expense, to have a complete physical examination by a physician using the *Annual BSA Health & Medical Record* form. This form must be submitted upon your arrival at camp and you can not be employed without it.

All applicants must apply for Michigan Department of Health & Human Services (DHS) registry clearance.

### Personal References

Name	Address	City	State/Zip	Phone
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In case of an emergency, who should be contacted?

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

Have you ever been convicted of a felony? Yes No (You may answer "no" if your conviction has been ordered sealed, expunged, or eradicated) Conviction is not an automatic bar to employment. All of the relevant circumstances surrounding the conviction will be considered in relation to specific job requirements, including how long ago the conviction occurred and the crime involved. Please provide complete information about the conviction by attaching a separate statement.

Are you permitted to become legally employed in this country? Yes No  
(proof of citizenship or immigration status will be required upon employment)

In connection with my making this application for employment, I hereby authorize the Michigan Crossroads Council (MCC), in its discretion, to undertake an investigation of my business and personal life. I agree that that such investigation may, in the discretion of the Michigan Crossroads Council, include (i) personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted, (ii) inquiries into, and reports regarding, my creditworthiness, character, work habits, and performance, experience and reasons for termination of past employment from previous employers, and (iii) requests for information from various federal, state, and other agencies which maintain records concerning my past activities and experiences, including my driving history, credit history, criminal and civil records, claims involving me in files of insurance companies, reports from consumer or credit reporting agencies. Under some circumstances, certain reports may be "consumer reports" or "investigative consumer reports" to which, under the Fair Credit Reporting Act, you are entitled, upon your request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Michigan Crossroads Council.

I hereby give my consent for the Michigan Crossroads Council, through an authorized testing service of its choice, to collect blood, urine, saliva or other samples from me and to conduct any necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release Michigan Crossroads Council from any liability arising out of such tests or their results. Further, I give my consent for the release of all test results and other medical information to authorized Michigan Crossroads Council personnel for appropriate review. If I am accepted for employment by Michigan Crossroads Council, I hereby consent to be tested in the above manner during my employment when, in the judgment of the Michigan Crossroads Council, such testing is deemed appropriate by it, and I acknowledge that remaining free of illegal drug use and complying with the Michigan Crossroads Council's employee handbook and substance abuse policy is a condition of my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all my previous employers, schools, and other references to furnish the information requested. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. I hereby declare that the information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application may result in my disqualification for consideration for employment or in my discharge. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Michigan Crossroads Council or myself. I understand that no Council official other than the Scout Executive, or his/her designee, has any authority to enter in to any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I understand all of the following: My employment with MCC for summer camp is considered seasonal employment. MCC has again requested to be classified as a seasonal employer with the State of Michigan Unemployment Agency. When approved MCC will be exempt from paying unemployment costs to seasonal employees who work during summer camps (including me).

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Scoutmaster Signature: \_\_\_\_\_  
(if applicant is a Scout and under 18)

Scoutmaster Phone \_\_\_\_\_ Scoutmaster Email \_\_\_\_\_

*Please send your completed application to:*

**Michigan Crossroads Council**  
137 Marketplace Blvd  
Lansing, MI 48917

*Office Use Only*

Date Received \_\_\_\_\_