



Winn-Dixie Scout Reservation Staff Application 2006

(PLEASE PRINT OR TYPE CLEARLY AND COMPLETE BOTH SIDES)

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE #: _____ SOCIAL SECURITY #: _____
 PARENT NAME: _____ WORK PHONE #: _____
 COLLEGE ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 COLLEGE PHONE#: _____
 SCOUTING BACKGROUND: _____
 TROOP#: _____ TEAM #: _____ POST #: _____
 COUNCIL: _____ DISTRICT: _____
 LENGTH OF TIME AS A BOY/GIRL SCOUT: _____ LENGTH OF TIME AS A CUB SCOUT: _____
 LENGTH OF TIME AS AN ADULT LEADER: _____
 CURRENT TROOP POSITION: _____ SCOUT RANK: _____
 NAME OF CURRENT LEADER: _____ PHONE #: _____

LIST ALL MERIT BADGES, CERTIFICATIONS, AND LEADERSHIP COURSES COMPLETED IN SCOUTING AND OTHER ORGANIZATIONS ALL SCOUTING MERIT BADGES AND CERTIFICATIONS MUST HAVE UNIT LEADERS INITIALS BY THEM.

MERIT BADGES:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEADERSHIP/CERTIFICATIONS:

DATE ATTENDED:

_____	_____
_____	_____
_____	_____
_____	_____

LIST SUMMER CAMP OR OTHER STAFF EXPERIENCES:

WHEN:

_____	_____
_____	_____
_____	_____

EDUCATIONAL BACKGROUND:

HIGH SCHOOL: _____ GRADE LEVEL COMPLETED: _____
 COLLEGE: _____ YEARS COMPLETED: _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYMENT: _____
 SUPERVISOR: _____ PHONE #: _____
 PREVIOUS EMPLOYMENT: _____
 SUPERVISOR: _____ PHONE #: _____
 PREVIOUS EMPLOYMENT: _____
 SUPERVISOR: _____ PHONE #: _____

(PLEASE TURN OVER & COMPLETE OTHER SIDE)

REFERENCES: (PEOPLE THAT COULD BE CONTACTED FOR MORE INFO.)

NAME: _____ OCCUPATION: _____
HOME PHONE #: _____ WORK PHONE #: _____
NAME: _____ OCCUPATION: _____
HOME PHONE #: _____ WORK PHONE #: _____
NAME: _____ OCCUPATION: _____
HOME PHONE #: _____ WORK PHONE #: _____

POSITION PREFERENCE

Instructions:

1. Please rate the top three areas that you would be interested in working at summer camp (1 is top area, 2 is second choice & 3 is your third choice). They may be in any of the three area sections below.
2. Then please check the positions under the section you are interested and meet the minimum age requirement set by the National Boy Scouts of America policy

TRADITIONAL CAMP AREAS:

AQUATICS: _____ ECOLOGY: _____ HANDICRAFT: _____ HEALTHCRAFT: _____
NATIVE AMERICAN: _____ SCOUT CRAFT: _____ SHOOTING SPORTS: _____
TRAILBLAZERS: _____

Please check position interest that you meet the minimum age requirement as of June 1, 2006

Counselor in Training – CIT (MA 14): _____ Program Counselor (MA 15): _____
Senior Program Counselor (MA 17): _____ Assistant Area Director (MA 18): _____
Shooting Sports Range Officer (MA 18): _____ Area Director (MA 18): _____
Aquatics Director (MA 21): _____

ADVENTURE CAMP AREAS:

ADVENTURE TREKS: _____ CAMP ADVENTURE (Climbing/Cycling): _____
COPE: _____

Please check position interest that you meet the minimum age requirement as of June 1, 2006

Adventure Counselor in Training – CIT (MA: 16): _____ Adventure Counselor (MA 16): _____
Senior Adventure Counselor (MA 18): _____ Adventure Area Director (MA 18): _____
COPE Director (MA 21): _____

ADMINISTRATION CAMP AREAS:

ADMINISTRATION: _____ HEALTH OFFICER: _____

Please check position interest that you meet the minimum age requirement as of June 1, 2006

Camp Director (MA 21): _____ Program Director (MA 21): _____
Chaplain (MA 21): _____ Chaplain Aide (MA 16): _____
Provo Scoutmaster (MA 21): _____ Assistant Provo Scoutmaster (MA 18): _____
Office Staff (MA 18): _____

IF YOU HAVE WORKED AT SUMMER CAMP BEFORE WHAT WAS YOUR PREVIOUS SALARY?
\$ _____ /PER WEEK.

ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON
EXCEPTIONS MUST BE REQUESTED DURING INTERVIEWS

I know of no reason why my health would limit full Camp participation, and if employed I will provide an up-to-date physical examination. I am/will be a registered member of the Boy Scouts of America. If selected, the Boy Scouts of America can expect my loyalty to management, its policies, programs and my full cooperation with other members of the staff. THIS APPLICATION NEEDS YOUR CURRENT UNIT LEADER AND PARENT SIGNATURE FOR ANYONE UNDER THE AGE OF 18 AS OF JANUARY 1, 2005. IF APPLICATION DOES NOT HAVE BOTH IT WILL BE RETURNED AND NOT CONSIDERED!

(Applicants signature) (Date) (Parents signature if under 18)
(Date)

SCOUTMASTER SIGNATURE: _____
(Scoutmaster Signature) (Date)

RETURN APPLICATION TO:

CAMP DIRECTOR; WINN-DIXIE SCOUT RESERVATION; P.O. BOX 323; PAISLEY, FL. 32767; Fax: (352)669-7636 or E-Mail: matt@camplanoche.com **AN EQUAL OPPORTUNITY EMPLOYER**