

BOY SCOUT / YOUTH EXPERIENCE:

Currently Registered with Troop Crew #: _____ Council: _____ District: _____

BSA ID#: _____ BSA Rank: _____ # of Years Tenure as Youth: _____ As an Adult: _____

Have you ever served on Camp Staff? _____ If so, when, where, & what position? _____

List Leadership Courses (NYLT, Woodbadge, OA, other): _____

List the Leadership Positions you have held in the past: _____

Describe Leadership Experience: _____

Special Training Completed: _____

High Adventure Experience: National Jamboree Philmont Trek Sea Base Unit or Family High Adventure Experience

List Hobbies / Skills / Sports / Special Interests: _____

Youth Organization Experience & Extra Curricular Activities: _____

Are you a member of the Order of the Arrow? _____ Ordeal Brotherhood Vigil

Select all CURRENT Certifications:

LIFEGUARD BSA Red Cross Expiration Date: _____

FIRST AID BSA Red Cross Expiration Date: _____

CPR BSA Red Cross Expiration Date: _____

NATIONAL BSA CAMP SCHOOL Course: _____ Expiration Date: _____

EDUCATION:

Attach information about other degrees or diplomas earned or in progress on a separate sheet. Also include technical or business training.

Highest Grade or Degree Completed: _____ GPA: _____ Major: _____

School: _____ Graduated: YES NO

REFERENCES:

List three people (other than immediate family) who know you from Work, School, Church, or a Civic Organization who can be contacted for more information:

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

Relationship to you: _____ Relationship to you: _____

Name: _____

Phone #: _____

Email: _____

Relationship to you: _____

Approval of Scout Leader (required for all Scouts)

I have reviewed this application with the applicant and believe he is qualified for the position/s he is seeking.

UNIT LEADER: _____

Phone #: _____

PRIOR WORK EXPERIENCE:

Present or Most Recent Employer: _____

May we contact your current employer? YES NO

Address: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Job Title: _____

Description of Duties (Indicate Significant Responsibilities, Accomplishments, & Contributions): _____

Reason for Leaving*: _____

Please read carefully before signing:

Applicants are subject to background investigations, including criminal background checks at any time

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I attest with my signature below that I have given the New Birth of Freedom Council, Boy Scouts of America, true and complete information on this application. No requested information has been concealed. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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 authorize the New Birth of Freedom Council, Boy Scouts of America, to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the New Birth of Freedom Council, Boy Scouts of America to hire me. If I am hired, I understand that either the New Birth of Freedom Council, Boy Scouts of America, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative other than the Scout executive has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION

In making this application I understand that investigative reports, which may include information regarding any criminal background, my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be made. I authorize the New Birth of Freedom Council to procure or cause to be procured such reports. Such a report may be a "consumer report" or an "investigative consumer report" within the meaning of the Fair Credit Reporting Act ("FCRA"), in which event I am entitled, upon my request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the New Birth of Freedom Council and a summary of my rights under the FCRA.

I also understand that under the FCRA, before taking any adverse employment action based in whole or in part on a consumer report or investigative consumer report, the New Birth of Freedom Council must provide me with a copy of the report and a written description of my rights under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any information contained in a consumer report, the New Birth of Freedom Council must give me notice. The notice may be given in writing, orally, or by electronic means and must include the following:

- The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency) that provided the report.
- A statement that the consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth my right to obtain a free disclosure of my file from the consumer reporting agency if I request the report within 60 days.
- A statement setting forth my right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by the consumer reporting agency.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____
(if Applicant is under 18 years old)

Opportunities for employment are better for those who apply prior to January 1.

Return the completed form to: Camping Services, 1 Baden Powell Lane, Mechanicsburg, PA 17050