

WILLIAMS SCOUT RESERVATION**2000 JR. STAFF APPLICATION****(MUST BE 14 OR OLDER)****PLEASE PRINT OR TYPE**

Application Date _____

District _____

Troop # _____ Rank _____

Full Name _____

Address _____

Phone _____ SS# _____

Date of Birth _____ Age as of June 1, 120009

School _____ Grade _____

Shirt Size _____

Recent Photo

FOR COUNCIL USE : Date Received _____

Date Copies sent Camp & Program Directors _____

Position _____

☐ WEEK 1 ☐ WEEK 2 ☐ WEEK 3

Agreement Mailed _____ Agreement Returned _____

"RULES FOR ACCEPTANCE AND PARTICIPATION IN THE PROGRAM
ARE THE SAME WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN,
AGE, SEX, OR HANDICAP"

Check Area you would like to work:

- ☐ Aquatics ☐ Scoutcraft ☐ First Class Program ☐ Kitchen
☐ Shooting Sports ☐ Eco/Con ☐ Trading Post ☐ Maintenance

CHECK AREAS THAT APPLY

- ☐ BSA Lifeguard ☐ A.R.C. Water Safety Instructor _____ Exp. Date
☐ American Red Cross Standard First Aid _____ Exp. Date ☐ CPR Certification

List any other training or certification you have obtained:

Order of the Arrow ☐ Ordeal ☐ Brotherhood ☐ Vigil

Please indicate your 1st, 2nd, and 3rd choice of weeks you want to work.

- ☐ June 20 - 26 ☐ June 27 - July 3 ☐ July 11 - 17

Please indicate the Week your Troop will attend Camp.

- ☐ June 20 - 26 ☐ June 27 - July 3 ☐ July 11 - 17

Are signed up to attend with Troop? ☐ YES ☐ NO

Have you ever served on the staff of a Boy Scout Camp before? ☐ Yes ☐ No

If yes, When? _____ Where? _____

MERIT BADGES

Check Badges you have earned:

- | | | |
|---|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Fishing | <input type="checkbox"/> Pioneering |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Hiking | <input type="checkbox"/> Reptile/Amphibian |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Rifle |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Insect Life | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Soil & Water Conservation |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Mammals | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Fish & Wildlife Management | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Weather |
| | | <input type="checkbox"/> Wilderness Survival |

Indicate the skills you have taught in your troop:

☐ Tenderfoot Skills☐ Second Class Skills☐ First Class SkillsInterest or Hobbies _____
_____What do you feel your greatest ability is? _____

_____**** Do you use tobacco? Yes ☐ No ☐**

Applicant's Signature _____

Parent / Guardian Approval: _____

Date _____



BOY SCOUTS OF AMERICA
GREAT SALT PLAINS COUNCIL
PO BOX 3146
ENID, OKLAHOMA 73702
405-324-3652

TO: Scoutmasters, Explorer Advisors

FROM: Great Salt Plains Council Camping Committee

As you know, a week at camp can make a Scout's Scouting experience the absolute greatest! It can also make it one of the least favorite memories if things don't go well. A quality staff is of the utmost importance in assuring all Scouts get a great experience.

Please fill out the information listed below on the scout in your troop who is making application to be on staff this summer.

Please return this with the Scout' application. Scout's Name _____

1. What leadership position has this scout held? _____

2. How well did the Scout perform? _____

3. How well does the scout relate to younger Scouts? _____

4. How well does the scout get along with peers? _____

5. How would you rate the scout's ability to live by the Scout Oath & Law? _____

6. Would you recommend this scout to work on camp staff? _____

Additional Comments: _____

SIGNED: _____

TITLE: _____

DATE: _____

PHONE: _____