



Girl Scouts of Eastern Missouri
SUMMER CAMP STAFF APPLICATION

Please type or print. Complete entire form

Check one:
 New Applicant
 Reemployment Applicant

Check one or more:
 Cedarledge Fiddlecreek
 Tuckaho Any Camp

RETURN TO:
 Jennifer Morgan,
 Director, Camping Services & Facilities
 Girl Scouts of Eastern Missouri
 2300 Ball Drive, St. Louis, MO 63146
 CONFIDENTIAL
 314.592.2300

Personal Data

Last Name	First Name	Middle Name or Initial	Social Security Number	Date of Application
Present Address (Number and Street)		City	State	Zip Code
				Area Code & Tel. #
At present address until what date?		Best time to reach you (daytimes preferred)		
Permanent Address (if different)		City	State	Zip Code
				Area Code & Tel. #
Cell phone #	E-mail Address			

Position Desired

Position/type of work desired:	Date available From: To:
Other positions you would consider:	

Source of referral:
 Agency (name) _____ School/Organization _____ Employee (name) _____
 Publication (name) _____ Own Initiative _____ Other _____

Were you ever employed by the Girl Scout Council of Greater St. Louis, Girl Scouts of the Becky Thatcher Area or Girl Scouts of Eastern Missouri? Yes No When?

Have you previously applied to GSCGSL/GSBTA/GSEM? Yes No When?

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation? Yes No

Please describe: _____

Junior staff must be at least 16 years old. General camp staff are 18 years and older. Some positions have specific minimum age requirements. See position overview for more information.

Do you meet the minimum age requirement for the position you are applying? Yes No

Education

	Name, Address and Zip Code	Major/Minor	Graduate?		Degree or Credits
			Yes	No	
High School					
College					
Graduate School					
Business/Technical					

Academic Honors:

Employment History (Note: please account for periods not employed.)

Present or Last Employer

Name of Employer		Title or Position		
Address	City	State	Zip Code	Area Code and Telephone #
Employment Dates (Mo. & Year)	Starting Salary \$ per	Final Salary \$ per	Other Compensation	
Name and Title of Immediate Supervisor				Reason for Leaving

Description of Duties:

Previous Employer

Name of Employer		Title or Position		
Address	City	State	Zip Code	Area Code & Telephone #
Employment Dates (Mo. & Year) From: To:	Starting Salary \$ per	Final Salary \$ per	Other Compensation	
Name and Title of Immediate Supervisor				Reason for Leaving

Description of Duties:

Previous Employer

Name of Employer		Title or Position		
Address	City	State	Zip Code	Area Code & Telephone #
Employment Dates (Mo. & Year) From: To:	Starting Salary \$ per	Final Salary \$ per	Other Compensation	
Name and Title of Immediate Supervisor				Reason for Leaving

Description of Duties:

Training

Sponsoring Organization and Location	Name of Course, Seminar, etc.	# of Hours	Dates

Volunteer Activities

You need not list organizations whose name or nature indicates your race, sex, national origin, age or religion

Organization	Position/Offices Held	Describe Responsibilities and Service	# of years

Camp Experience

Day or Resident	Sponsor	Name of Camp	Address Zip	Dates From/To	Camper? Staff?

Types of camping you have experience in: (check all that apply)

- Day Camping
 Primitive Camping (pitched tents)
 Troop Camping
 Wider Opportunity or *destination*
 RV Camping
 Resident Camping
 Family Camping
 Other (explain) _____

Have you completed a Counselor-In-Training Program? _____ If so, where and when? _____

Have you completed an Advanced Wrangler-In-Training Program? _____ If so, where and when? _____

Are you currently a registered Girl Scout? _____ If yes, state position: _____

Have you ever been a registered Girl Scout? _____ Indicate years of participation: _____

- Check all that apply:
 Daisy
 Brownie
 Junior
 Cadette
 Senior
 Adult
 Troop Leader
 Assistant Troop Leader
 Other volunteer position (specify: _____)

Have you ever been a member of Boy Scouts, a sorority, a fraternity, Camp Fire, 4-H, etc? If so, what?

Certifications

Check all that apply and attach copies of certificates.

	Expiration Date		State	License #	Expiration Date
<input type="checkbox"/> Lifeguard	_____	<input type="checkbox"/> Medical Doctor	_____	_____	_____
YMCA/YWCA	_____	<input type="checkbox"/> Registered Nurse	_____	_____	_____
American Red Cross	_____	<input type="checkbox"/> Paramedic	_____	_____	_____
BSA	_____	<input type="checkbox"/> EMT	_____	_____	_____
<input type="checkbox"/> Lifeguard	_____	<input type="checkbox"/> Physician Assistant	_____	_____	_____
Instructor	_____	<input type="checkbox"/> Nurse Practitioner	_____	_____	_____
WSI	_____	<input type="checkbox"/> Valid Driver's License	_____	_____	_____
<input type="checkbox"/> Camp Horsemanship Assn.	_____	<input type="checkbox"/> Valid Chauffer's License	_____	_____	_____
Western	_____	<input type="checkbox"/> First Aid	_____	_____	_____
English	_____	Standard	_____	Instructor	_____
Intermediate	_____	Basic	_____	Community First Aid & Safety	_____
Advanced	_____	<input type="checkbox"/> CPR	_____	_____	_____
<input type="checkbox"/> Canoe Instructor	_____	Adult	_____	Infant	_____
<input type="checkbox"/> Sailing Instructor	_____	Child	_____	Professional Rescuer	_____
<input type="checkbox"/> Archery Instructor	_____				
<input type="checkbox"/> Other	_____				

References

Was education or employment under another name? If so, what? _____

List three persons **other than relatives** who know of your qualifications and/or background experience. Include one reference from your employer or school.

Name	Relationship to you	Daytime Area Code & Tel. #	Business or Home Address

Give the enclosed reference forms to the three people you listed above. It is suggested that you supply them with a stamped return envelope, marked "confidential" and addressed to Camping Services Department, Girl Scouts of Eastern Missouri, 2130 Kratky Road, St. Louis, MO 63114.

Additional Background Information

All statements become part of any future employee personnel file.

Have you ever been convicted of a crime (other than traffic violations)? Yes No

Have you ever been involved in a substantiated case of child abuse or neglect? Yes No
If yes, please request report of investigation.

If you answer yes to any of the above questions, please explain.

I understand it is the right of the Girl Scouts of Eastern Missouri to conduct a child abuse and neglect screening and/or a Criminal Record Background check on me during the employment process. Offers of employment are contingent on successful results from all background checks including but not limited to criminal background and child abuse and neglect screening.

I understand that this employment application and any other Girl Scout documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the Girl Scouts of Eastern Missouri at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references and physical examination.

I attest that all of the above information is true and I hereby give my permission for the Girl Scouts of Eastern Missouri to contact all my educational references and the personal and employment references as indicated. I further authorize these references to release to you all information they have about me.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian for Applicants under 18 years of age Date: _____