Camp William B. Snyder

2017 Staff Application

The National Capital Area Council, Boy Scouts of America, is an equal opportunity employer. The National Capital Area Council does not discriminate in employment on accounts of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical disability, military status, or unfavorable discharge from military service.

In accordance with the Boy Scouts of America qualifications and requirements, I hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principles. I agree to abide by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America.

Applicants are not required to give any information on this form that is prohibited by federal, state or local law.

All Camp Staff members must be registered members of the Boy Scouts of America.

First Name:	Last Name:		
Address:	City:	State:	Zip:
Email:			
Cell Phone #:	Home Phone #:		
Will you be 18 or older June 2017? Yes or No (Circle One)	Currently Registered with Unit #_____ Unit Expiration Date _____/_____/_____		

AVAILABILITY

Priority given to applicants who are available for the entire season (7/1/2017 – 8/31/2017)
Are you available for the entire summer season? Yes ☐ No ☐ What date may you start? _____ What is your last day? _____
Applicants are required to list all dates/times that they will not be available, including: troop camping, family vacations, and / or previous commitments.

Date Unavailable: _____/_____/_____ - _____/_____/_____	Reason:
Date Unavailable: _____/_____/_____ - _____/_____/_____	Reason:

Are you a relative of any employee of the National Capital Area Council? (Circle one) Yes or No

If so, name of relative: _____

Have you ever been employed by the Council? Check one) Yes or No If so, when: (mm/yyyy) ____/_____

How were you referred to the Council? (If by an individual or organization, please provide name)

_____

PREVIOUS EMPLOYMENT OR LAST EMPLOYER IF APPLICABLE

Company:	Job Title:
Supervisor:	Phone:
Responsibilities:	
Reason for leaving	
From (mm/yyyy)	To (mm/yyyy)

Include any employment prior to today's date, even if that employment has not ended. To list additional employers, submit the same information on an additional sheet in the same format. Include military experience as an employer, including branch, rank, and date of discharge.

Have you ever been terminated or asked to resign from a position? (Check one) Yes or No

If yes, please explain: _____

POSITIONS AVAILABLE (Indicate your 1st, 2nd and 3rd Choice)

☐ Counselors in Training (must be 14 years old and a registered First Class Scout or Venturer)

Minimum age for the following is 15 years old

☐ Program Staff - Counselors or Instructors. Area Requested: _____

Minimum age for the following is 16 years old

☐ Shooting Sports Instructor ☐ Dining Hall Staff ☐ Grounds & Facility Support ☐ Camp Store

Minimum age for the following is 18 years old

☐ Assistant Aquatic Director ☐ Nature Director ☐ Handicraft Director ☐ Fort Area Director
☐ Camp Store Manager ☐ Ship Area Director ☐ Big Dig Area Director ☐ First Aider
☐ Dining Hall Steward ☐ Sports Director ☐ Indian Village Area Director ☐ Shooting Sports Director

Minimum age for the following is 21 years old.

☐ Program Director ☐ Commissioner ☐ Pool Aquatics Director ☐ Waterfront Director

Please Note: Some positions such as Aquatics and Shooting Sports require specialized training.

Is there any particular position you are interested in? (Circle one) Yes or No
If yes, which one(s): _____

Please list all specialized experience/training applicable to the position for which you are applying (working with youth, merit badge earned, National Camp School Certification, Troops Staff Positions, etc.….)

_____

_____

EDUCATION

Highest Level of Education:	
Graduated (Check one): Yes or No	School or Institution:
Location (City and State)	License or Certification: Issued By:
Date License Issued (mm/dd/yyyy):	License Expiration Date (mm/dd/yyyy):

REFERENCES

Please list three references that have known you for at least three years and are not family members. They may be teachers, professors, student advisor, religious leaders, scout leaders, or previous employers.

Name:	Phone#:
Email:	
Name:	Phone#:
Email:	
Name:	Phone#:
Email:	

DISCLOSURE

Applicants are subject to background investigation, including criminal background checks. In compliance with federal law, all person hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification upon hire.

Please read carefully before signing:

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the National Capital Area Council, BSA, to hire me. If I am hired, I understand that the National Capital Area Council, BSA, 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.

NCAC 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 NCAC 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 NCAC 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 NCAC must provide me with a copy of the report and a written description of my right under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any informative contained in a consumer report, the NCAC must give me a 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 number) 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 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.
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APPLICANT'S SIGNATURE: _____DATE: _____

PRINTED NAME: _____

IF UNDER THE AGE OF 18 YEARS OLD

GUARDIAN'S APPROVAL: _____DATE: _____

PRINTED NAME: _____

GUARDIAN'S EMAIL: _____

Submit Application to:

Mail: Camp Director

Camp William B. Snyder
6100 Antioch Road
Haymarket, VA 20169

Fax: 571-248-8241

Email: Camp.Snyder@Scouting.org