

Okefenokee Area Council, BSA  
2009 Camp Tolochee Summer Camp Staff Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(As of 5/25/09)  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ State: GA. Zip code: \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

Scout Unit Registered to \_\_\_\_\_ Rank \_\_\_\_\_

Did you work at Summer Camp last year: YES NO Where you a Counselor in Training (CIT) Yes No

Last years staff salary per week \_\_\_\_\_ Requested salary for 2009 \_\_\_\_\_

What program area did you work at last year? \_\_\_\_\_

What Scouting program areas are you strongest in? \_\_\_\_\_

What Scouting program areas are you weakest in? \_\_\_\_\_

What is your personal advancement goals while on camp staff? \_\_\_\_\_

In order of priority, 1 (lowest) to 10 (highest), indicate your preference in program areas:

Outdoor Skills \_\_\_\_ Aquatics \_\_\_\_ Nature \_\_\_\_ Shooting Sports \_\_\_\_ Scout Shop \_\_\_\_ Dining Hall \_\_\_\_

Provisional Troop \_\_\_\_ Commissioners Staff \_\_\_\_ Sports \_\_\_\_ Handicraft \_\_\_\_ Healthcraft \_\_\_\_

Are you certified as a Lifeguard \_\_\_\_\_ Certification Date \_\_\_\_\_

CPR Certification Organization \_\_\_\_\_ Certification Date \_\_\_\_\_

Any other Certifications? \_\_\_\_\_

Scoutmaster Recommendation: \_\_\_\_\_

Parent Authorization (If under 18) \_\_\_\_\_

Camp Staff Interviews at Camp Tolochee in the Administration Building Training Room.

Interview Date: **February 7, 2009 1 PM**

Please fax to the Scout office at 912.283.6019 or mail to Okefenokee Area Council 302 Screven Ave.  
Waycross, Ga. 31501 attn. Camp director.