

BTSR Returning Staff Application

Please type or print all information.

Submit to the Camp Director:

Gracie Quintela
Buffalo Trail Council
1101 W. Texas, Midland, Texas 79701-6171
Office: (432) 570-7601
Gracie.quintela@scouting.org



BTSR

est. 1947

Personal Information (Please print legibly)

Name _____ Phone (H) _____ (C) _____

Email _____

Social Security Number _____ Date of Birth _____ T-Shirt Size: _____

Driver's License State & Number _____ Age on June 4th _____

Current Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Position(s) Desired (Please number your 1st through 5th choice)

*Certain age minimums may be waived with prior camp staff experience. Must be required age by June 8

+Requires National Camp School Certification

** Health Officer requires either an Military Medic, EMT-B, EMT-I, Paramedic, Nurse, PA, DO, or MD

Minimum Age 21* or Over

____ Program Director+
____ Aquatics Director+
____ Dining Hall Head Chef
____ Shooting Sports Director+
____ Camp Chaplain
____ Climbing Director+
____ Head Wrangler
____ Business Manager
____ Backcountry Manager
____ Cavalcade Director
____ Mountain Man Director
____ Trading Post Manager
____ Circle H Director
____ Cavalry Director
____ Chuck wagon Cook
____ Adult Training Director

Minimum Age 18* or Over

____ Scout Skills Director
____ Trail To Eagle Director
____ Handicrafts Director
____ Nature/Ecology Director
____ Outback Director
____ Trading Post Manager
____ Archery Director
____ Assistant Cook(s)
____ Asst. Ranger-Maintenance
____ Dining Hall Chef
____ Camp Commissioner+
____ Health Officer **
____ Office Manager
____ Circle H Staff
____ Cavalry Camp Staff
____ Mountain Man Staff

Minimum Age 14* or Over

____ Scout Skills Staff
____ Handicrafts Staff
____ Nature/Ecology Staff
____ Aquatics Staff
____ Trading Post Staff
____ Shooting Sports Staff
____ Trail To Eagle Staff
____ Dining Hall Staff
____ Climbing Staff
____ Outback Ranger
____ Wrangler Staff
____ Office Staff
____ Cavalcade Wrangler
____ Asst. Quartermaster
____ Camp Photographer

Summer Availability (Put an "X" in the blank next to the week(s) you are available. Staff is encouraged to attend the full summer.) **Staff Week** is Mandatory for all staff.

____ Staff Week May 31-June 6
____ June 7-13 (Week 1)
____ June 14-20 (Week 2)
____ June 21-27 (Week 3)

____ June 28-July 4 (Week 4)
____ If needed can stay longer

I know of no reason why my health would limit full Camp participation, and if employed I will provide an up-to-date BSA physical examination. I am/will be a registered member of the Boy Scouts of America. I also agree to register as a member of Buffalo Trail Scout Ranch Staff Association Venturing Crew 1947. I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Scout Law, and Declaration of Religious Principle. If selected, the Boy Scouts of America can expect my loyalty to management, its policies, programs and my full cooperation with other member of the staff. I understand that a personal interview may be required before employment. I authorize the investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision. I authorize all of my current and previous employers, schools, and other references to furnish the information requested to reach an employment decision. I declare that the information provided by me in this application for employment is correct, to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for not being considered for employment. This application does not guarantee an interview or a position on staff.

APPLICANT'S SIGNATURE: _____ DATE _____

REQUIRED APPROVALS (If under 18)

I have reviewed this application with the applicant, and personally believe that he/she is qualified for the position he/she is seeking. I also certify that the applicant's Scouting record indicated on this application is correct according to our unit advancement records. I feel this person will be an asset and recommend them to be a part of the staff at BTSR.

PARENT/GUARDIAN APPROVAL: SIGNATURE: _____ DATE _____ Phone: _____

APPROVAL OF SCOUT LEADER: SIGNATURE: _____ DATE _____ Phone: _____

Phone: _____

DOB: _____

Name: _____