

## Camp Staff Application GSCSA Summer Camp 2023

| Check One: |                        |  |  |
|------------|------------------------|--|--|
|            | New Applicant          |  |  |
|            | Reemployment Applicant |  |  |

| Name  |   | Date of application                                     |                          |  |
|---|---|---|--------------------------|--|
| Present address   |   |   |                          |  |
| Permanent address (if diff  | erent from above)                                       |   |                          |  |
| Email address you check re  | egularly  |   |                          |  |
| Preferred phone   |   |   |                          |  |
| This council is an equal opp<br>sex, age, national orig               | portunity employer. All app<br>Jin or ancestry, citizen | lications for employment w<br>ship, disability, genetic | information, marital sto | gard to race, religion, color,<br>atus, or veteran status.<br>olication. (Application must |
| be completed in full even i   | f attaching resume.)                                    |   |                          |  |
| Education   | ,   |   | ,                        |  |
|   | High School or General<br>Equivalency Diploma           | Undergraduate<br>College/University                     | Graduate/Professional    | Business/Technical   |
| School name and location  |   |   |                          |  |
| Circle current year or years completed                                | 01 02 03 04   | 01 02 03 04 05  |                          |  |
| Diploma/Degree  |   |   |                          |  |
| List any courses related to position(s) desired.                      |   |   |                          |  |
|   | (include copies of training Agency                      | certificates if applicable)                             |                          | Expiration   |
| First Aid, Type   |   |   |                          |  |
| <ul><li>Certified Lifeguard</li><li>Water Safety Instructor</li></ul> |   |   |                          |  |
| <ul><li>Nursing, Type</li></ul>                                       |   |   |                          |  |
| <ul> <li>Counselor-In-Training</li> </ul>                             |   |   |                          |  |
| • Other   |   |   |                          |  |
| Position(s) Desired   |   |   |                          |  |
|   | ion(s) you are applying for                             |   |                          |  |
| . ICase Wille III Willat positi                                       | ondo you are applying for                               |   |                          |  |

| Employment  |                  |               |                  |                     |               |        |                                |  |
|---|------------------|---------------|------------------|---------------------|---------------|--------|--------------------------------|--|
| Business/Organization   | Position         | Dates         | Rea              | son for Leaving     | Super         | visor  | Telephone Number               |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
| Previous Camp Experience  | e or Voluntee    | r Activitie:  | <b>s</b> (List o | community, school   | l, or other e | xperie | ences)                         |  |
| Camp/Organization   | Position         |               | Dates            |                     | Superv        | /isor  | Telephone Number               |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   | <u>l</u>         |               |                  |                     |               |        |                                |  |
| Training and Skills Develo  | pment (if not li | sted under '  | Educat           | ion')               |               | 1      |                                |  |
| Course  | Orga             | Organization  |                  | Loca                | cation        |        | Date                           |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
| References<br>List three (3) references, not rel<br>Include, if possible, a recent em |                  | have knowl    | ledge o          | f your qualificatio | ns for the p  | ositio | n for which you are applying.  |  |
| Name  |                  | Email Address |                  |                     |               |        | Phone                          |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
| Please describe any camp progr  | am, outdoor and  | d/or leadersl | hip trai         | ning and experier   | ices. Include | expe   | riences working with children. |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        | <del></del>                    |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |
|   |                  |               |                  |                     |               |        |                                |  |

## **2023 Summer Camp Work Dates**

After you submit your application, Human Resources will contact you to set up an in-person or phone interview. Please check your email for any correspondence.

Staff are expected to work the following dates. Counselor-In-Training Staff will work two weekends. Day staff may have fewer days to report to camp. Please see the website for more information on the camp program dates and locations.

- Leadership Training: June 2 4
- Staff Training: June 4 9
- Week 1: June 11 16
- Week 2: June 18 23
- Week 3: June 25 30
- OFF July 2 7
- Week 4: July 9 14
- Week 5: July 16 21
- Week 6: July 23 28

## **Voluntary Disclosure Statement - All Camp Staff**

I hereby authorize Girl Scout Council of the Southern Appalachians to check all my references. I further authorize these references to release to you all information that they have about me.

| Please initial on each line as you read the statements.   |   |
|---|---|
| I understand the completion of a physical examination and c   | urrent health history is a condition of employment.   |
| I understand that drug testing is required and that Camp Tan  | asi and GSCSA are drug-free workplaces.   |
| I understand that a criminal background check will be condu-<br>pre-offer of employment. I understand that the Equal Employment (   | cted (including the National Sex Offender Registry) if I accept a Opportunity guidelines on background checks will be upheld. |
| I certify that my answers to the preceding questions are true information which might, if disclosed, affect my application unfavor facts on this application will be cause for rejection of this application to verification of references.   | ably. I understand that any misrepresentation or omission of  |
| I understand that this employment application and any othe that any individual who is hired may voluntarily leave employment utime. I understand that any oral or written statements to the contra by any prospective or existing employee. I also understand that I am Scout Council of the Southern Appalachians, Inc. and not GSUSA. | ry are hereby expressly disavowed and should not be relied upon   |
| I understand GSCSA may have to make scheduling and/ or enpandemic or other business/compliance requirements.  | mployment practice adjustments based on the COVID-19  |
| Print Name  |   |
| Signature   | Date  |
| Signature of Parent/Guardian (if under 18)  | Date  |

Send Completed Applications to: **GSCSA** ATTN: Human Resources 1567 Downtown West Blvd. Knoxville, TN 37919

**Have Questions? Human Resources** careers@girlscoutcsa.org