2016 CAMP HINDS SUMMER CAMP STAFF APPLICATION

Name:			
Address:			
City:		State:	Zip:
Tel:	_ E-Mail:		
Facebook:		Skype Name:	
Are you an Eagle Scout, Ra	anger Award or	Gold Award Recipie	ent?
Will you be at least 18 years	s of age by Jun	e 1, 2016? Yes	No
Are you legally permitted to	work in the Uni	ited States?. Yes_	No
Education:			
High School:		Expecte	ed Graduation Date:
College:		_Major:	Graduation Date:
Past Employment:			
Employer:			
Position held:	Du	ties:	
Reason for Leaving:		Supervisor's	s email:
If additional space is neede	d, please use b	ack of form.	
Certifications/skills:			
Please indicate any certifica	ation or advance	ed skills:	
Reference: Please provid	le 3 references	·	
Name:		Relationshi	ip:
Email Address:		Phone:	
Name:		Relationshi	ip:
Email Address:		Phone:	
Name:		Relationshi	ip:
Email Address:		Phone:	
Interest and Availability			
Please Indicate which posit	ion (s) you are	interested in:	
List outdoor activity experie	nce:		

List leadership experiences:	
State why you would like to be on camp staff: if more	e snace is needed please use additional sheet
State will you would like to be on earlip stail. If more	s space is needed please use additional sneet
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First available start date:	
Work end date:	
Youth staff applicants:	
Troop Rank Leadersh	ip Position
Will you be 17 years of age by June 1, 2016 Yes	No
ScoutmasterSM Phone	
Scoutmaster E-Mail	
Applicant Signature	
Applicant Signature	
Date	
Parent Signature (if under	
18)	
Return applications to:	
Pine Tree Council	
C/O Anne Randall, Camp Hinds Director	

146 Plains Road, Raymond, ME 04071

Or Scan and email to: anne.randall@gmail.com