



# Camp Staff Development Program Application

Applicants for Camp Staff should be at least 15 years of age or have completed the 9th grade. Please complete this staff application and return it to the Old Hickory Council Office no later than **December 1.**

Mail to:  
Camp Director  
Old Hickory Council  
6600 Silas Creek Parkway  
Winston-Salem, NC 27106  
(336) 760-2900

**To be eligible to participate in the Raven Knob Camp Staff Development program, a person must:**

- ◆ be a registered Scout or Explorer
- ◆ be at least 15 years of age during his stay at camp or have completed the 9th grade
- ◆ have experience in unit leadership
- ◆ be in good physical condition (a current medical form is required)
- ◆ have an interest in instructing Scouting skills to others through a rigorous training course
- ◆ due to North Carolina State Labor regulations Scouts under the age of 14 are not eligible for this program.

## Personal Information

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Background Information

No. of years as a Cub Scout \_\_\_\_\_ Boy Scout \_\_\_\_\_ Explorer \_\_\_\_\_

Current Unit No. \_\_\_\_\_ Current Position in unit \_\_\_\_\_

O.A. member (yes/no) \_\_\_\_\_

Current rank \_\_\_\_\_ No. of merit badges \_\_\_\_\_

Leadership positions held in unit \_\_\_\_\_

\_\_\_\_\_

Training courses attended and dates \_\_\_\_\_

\_\_\_\_\_

List your church, school and community activities \_\_\_\_\_

\_\_\_\_\_

List any awards and recognitions that you have received \_\_\_\_\_

\_\_\_\_\_

What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_

What areas of Scouting do you like best? \_\_\_\_\_  
\_\_\_\_\_

What areas of Scouting do you feel most qualified to instruct? \_\_\_\_\_  
\_\_\_\_\_

How has Scouting benefitted your life? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to work on the Raven Knob staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted for the Camp Staff Development program, I understand that I will work at camp for a period of two (2) consecutive weeks. The options are listed below and I have indicated my preference for the weeks that I would like to participate. I further understand that the Old Hickory Council assumes the responsibility of my room and board and that no further compensation will be given.

**Note: Applicants will not be allowed to participate in the CSD program while their unit is at Raven Knob.** My choice(s) for weeks to attend are checked.

1st and 2nd weeks \_\_\_\_\_ 3rd and 4th weeks \_\_\_\_\_ 5th and 6th weeks \_\_\_\_\_

\_\_\_\_\_  
**Applicant's signature** Date

\_\_\_\_\_  
signature of parent/guardian if under age 18

**Endorsement of Unit Leader**

I approve this application and recommend \_\_\_\_\_ for consideration as a participant in the Camp Staff Development program at Raven Knob.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Unit leader's signature Date