



BOY SCOUTS OF AMERICA
GREATER ST. LOUIS AREA COUNCIL

2019 Counselor in Training Application

Welcome to the Greater St. Louis Area Council Summer Camp Counselor in Training application process! We are looking forward to meeting you and hope you will become a Counselor in Training at one of our Outstanding Camps. Please fill this application out completely; this will enable us to make an informed decision regarding your selection. Thank you!

All Counselor in Training applicants must be at least 14 years of age by June 1, 2019. The program covers approximately three weeks and is at no cost to the participants. Experienced camp staff leadership is provided.

Application Date _____

Name _____ Preferred Name _____
First M.I. Last

Address _____
StreetAddress City State Zip

HomePhone _____ Cell Phone _____

Email address _____ Parent Cell Phone _____

Ages of June 1, 2019 _____ Parents email address _____

Previous camp experiences _____

Scouting Rank _____ Unit # _____

Please list any current certification you hold that may be helpful at camp (CPR, First Aid, Lifeguard, etc.)

Please list any previous employment experience you have had _____

Scouts BSA Summer Camps

Availability for the summer of 2019 (select one)

____ June 6-June 30 ____ June 29-July 20



Cub Scout Summer Camps

Dates Available: _____

____ Camp May ____ Camp Warren Levis



OFFICE USE ONLY

Selected _____ Not Selected _____ Hold _____ (Reason for holding) _____

Joy ____ SF Ranch ____ May ____ Warren Levis ____

Position _____ Start Date _____ End Date _____

Why do you want to serve as a Counselor in Training?

Please describe your Scouting activities: (include leadership positions)

I have earned, or have knowledge in, the following merit badges or skills:

- | Nature | Scoutcraft | Field Sports | Aquatics | STEM |
|--|--|---|---|--|
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Archery | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Basketry | <input type="checkbox"/> Climbing | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Camping | <input type="checkbox"/> Fishing | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Game Design |
| <input type="checkbox"/> Fish & Wildlife Mgmt. | <input type="checkbox"/> Chess | <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> Motorboating | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Cooking | <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Small-Boat Sailing | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Mammal Study | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Rifle Shooting | <input type="checkbox"/> Stand-up Paddleboard | <input type="checkbox"/> Nova Awards |
| <input type="checkbox"/> Soil & Water Conservation | <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Shotgun Shooting | <input type="checkbox"/> Swimming | |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Movie Making | | <input type="checkbox"/> Water Sports | |
| <input type="checkbox"/> Oceanography | <input type="checkbox"/> Orienteering | | | |
| <input type="checkbox"/> Reptile Study | <input type="checkbox"/> Photography | | | |
| <input type="checkbox"/> Sustainability | <input type="checkbox"/> Pioneering | | | |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Search & Rescue | | | |
| | <input type="checkbox"/> Wilderness Survival | | | |
| | <input type="checkbox"/> Woodcarving | | | |
| | <input type="checkbox"/> First Aid | | | |
| | <input type="checkbox"/> Geocaching | | | |

PERSONAL REFERENCES—Please list three individuals, not related to you, whom you have known for at least three years:

Name	Address, Phone, Email	Relationship	Years acquainted

I authorize investigation of all statements contained in this application for service as a CIT and other background checks as maybe necessary in arriving at an acceptance decision. I authorize my previous employers, schools, and other references to furnish the information requested. I hereby declare that the information provided by me in this application is accurate and complete to the best of my knowledge. I understand that falsification or misrepresentation in this application is cause for discharge.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____