

REFERENCES: (do not list relatives or supervisors)

Name	Relationship
Address	
City/State/ZIP	Phone
Name	Relationship
Address	
City/State/ZIP	Phone
Name	Relationship
Address	
City/State/ZIP	Phone

Dates available for employment
From _____ To _____

Scoutmaster/Adult Leader's Recommendation

I recommend the applicant for consideration by the camp director. I have known him/her for _____ years and know of no reason why he/she should not be considered for a camp staff position at Fire Mountain Scout Camp.

Comments: _____

Name	Phone
E-mail	
Signature	Date

Parent Approval

I hereby approve my son's or daughter's application for a camp staff position. I have reviewed the information on both sides of this form. He/She has my permission to accept a staff position if one is offered.

Name	Phone
E-mail	
Signature	Date

NOTE: Application does not guarantee a Camp Staff position. If selected, you will receive a separate letter of agreement. As a condition of employment, applicants must have a medical examination and a complete BSA health form.

Mail this application to:
FIRE MOUNTAIN CAMP STAFF
c/o Mount Baker Council, BSA
1715 100th PI SE #B
Everett, WA 98208

or

Fax application to:
(425) 338-3477
Attn: Fire Mountain Camp Director

or

Email application to:
Eric.Buher@scouting.org

Fire Mountain Scout Camp and Mount Baker Council are equal opportunity employers. We do not and will not discriminate on the basis of race, religion, national origin, sex, handicap, marital status, or status as a disabled veteran. Information provided in this application will not be used for any discriminatory purpose.

FOR CAMP DIRECTOR'S USE	
Interviewed by/Date	
Position	
Salary	
Special Terms	
Start Date – End Date//Time Off	