

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 SIT (please circle weeks available)

Staff Week (June 22-29)	Cub Week (June 30-July 6)	Week 1 (July 7-13)	Week 2 (July 14-20)
Week 3 (July 21-27)	Week 4 (July 28-Aug 3)	Week 5 (Aug 4-10)	Week 6 (Aug 11-17)

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 as a camp staff in training at Fire Mountain Scout Camp.

Comments: _____

Name	Phone
E-mail	
Signature	Date

Parent Approval

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

Name	Phone
E-mail	
Signature	Date

NOTE: Application does not guarantee a camp staff-in-training position. If selected, you will be notified by the camp director. Applicants must have a medical examination and a complete BSA health form.

Mail this application to: or Fax application to: or Email application to:
 FIRE MOUNTAIN CAMP STAFF (425) 338-3477 Eric.Buher@scouting.org
 c/o Mount Baker Council, BSA Attn: Fire Mountain Camp Director

1715 100th PI SE #B
 Everett, WA 98208

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	
Special Terms	
Start Date – End Date//Time Off	