

**Girl Scouts of Kentuckiana**

P.O. Box 32335  
 Louisville, KY 40232  
 Attn: Camping Administrator  
 (888) 771-5170



**Girl Scouts®**  
 Where Girls Grow Strong<sup>SM</sup>

**Returning Staff Member Application**

**Personal Information**

Last Name	First Name	M.I.	Camp Name
Date of Birth (optional)	E-mail address		Present Occupation or Year in School
Present Address (street, city, state, zip code)			Present Phone #
Permanent Address if different (street, city, state, zip code)			Permanent Phone #

**Bear Creek Aquatic Camp**      **Camp Pennyroyal**

<input type="checkbox"/> Unit Staff	<input type="checkbox"/> Kitchen Manager	<input type="checkbox"/> Unit Staff	<input type="checkbox"/> Waterfront Coordinator/Director
<input type="checkbox"/> Asst. Camp Director	<input type="checkbox"/> Kitchen Assistant	<input type="checkbox"/> Assistant Camp Director	<input type="checkbox"/> Kitchen Manager
<input type="checkbox"/> Aquatics Coordinator/Director	<input type="checkbox"/> Pack Out	<input type="checkbox"/> Program Coordinator (Art)	<input type="checkbox"/> Kitchen Assistant
<input type="checkbox"/> Boating Director/Coordinator	<input type="checkbox"/> Waterfront Instructor/Assistant	<input type="checkbox"/> Program Coordinator (Outdoor)	<input type="checkbox"/> Pack Out
<input type="checkbox"/> Health Supervisor	<input type="checkbox"/> Boating Instructor/Assistant	<input type="checkbox"/> Office Manager	<input type="checkbox"/> Waterfront Instructor/Assistant
<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> CIT Coordinator	<input type="checkbox"/> Health Supervisor	<input type="checkbox"/> CIT Coordinator

Seasonal salary desired: \_\_\_\_\_

**Certifications**

In the first column, put a **check mark** by those certifications you currently have. Put an **X** by those you once had that are now expired.  
 In the second column, write the date that your current certification will expire.

X	Exp.	Type of Certification	X	Exp	Type of Certification
		Drivers License, <b>State:</b> ___ <b>DL#:</b> _____			Commercial Driver's License, <b>State:</b> ____ <b>DL#:</b> _____
		Standard First Aid			Small Craft Safety-canoeing
		Community CPR			Small Craft Safety-sailing
		CPR for Professional Rescuer			Small Craft Safety-kayaking
		Lifeguard			ARC Sailing Instructor
		Emergency Water Safety			Basic Life Support
		Lifeguard Instructor			Registered Nurse (State)
		Other:			Licensed Practical Nurse (State)

Are you available for a return-staff interview in person?      \_\_\_ **Yes**    \_\_\_ **No**  
 If yes, where? \_\_\_\_\_

Best day/time to reach you by phone? \_\_\_\_\_      If you have an e-mail account, how often do you check it? \_\_\_\_\_

**Do not write below this line; for office use only.**

_____ Date application r'cd	_____ Bkgrd sent	_____ Hired	_____ Agrmt sent
_____ Intv date	_____ Bkgrd r'cd	_____ Position	_____ Agrmt r'cd
	_____ Not Hired	_____ Salary	_____ Packet sent

**Open Response Questions**

Please write your response to the following questions. Attach additional paper if necessary.

**Why do you want to work at camp again this summer?**

**What did you learn last summer that will make you a better camp staff member this year?**

**What educational, work, or volunteer experiences have you participated in since camp last summer that will make you a better camp staff member? How do you expect them to improve your skills?**

**What is your job goal for the coming summer?**

Have you ever been convicted of a crime (other than traffic violations)?  Yes  No

If yes, please state offense, date, & location. (A conviction record will not necessarily be cause for disqualification.)

Are there any reasons why you may have difficulty in performing any of the essential functions of the job for which you have applied?  Yes  No

If yes, please explain.

If hired, would you desire or need housing for any person(s) other than yourself at camp?  Yes  No

If yes, please give details.

If hired, would there be any dates you would not/might not be available to work?  Yes  No

If yes, please explain and give all dates.

**I understand that a certificate of physical examination is a prerequisite for employment. Under penalty of immediate dismissal, I certify that the information contained in this application is true to the best of my knowledge. I give permission to the Girl Scouts of Kentuckiana to request a confidential background check with law enforcement agencies for any conviction information concerning me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➡ Please send with this application a copy (front and back) of each current certification you listed.

➡ Please complete the attached background check and release form and return with your application.

Thank you.