



**Girl Scouts of Northern California**  
**c/o Outdoor Program Department**  
 1310 S. Bascom Avenue, San Jose, CA 95128  
 PHONE: (408) 287-4170 ext. 256  
 FAX: (408) 287-8025  
[www.camprocks.org](http://www.camprocks.org)  
[camp@girlscoutsnorcal.org](mailto:camp@girlscoutsnorcal.org)



## CAMP STAFF RE-APPLICATION

### Personal Information

**EOE**

Last Name	First Name	Middle Name or Initial	Date of Application
Permanent Address (if different from above)	City	State	Zip Code
			Area Code & Phone Number ( ) -
Present Address (Number, Street, Date Residence Expires)	City	State	Zip Code
			Area Code & Phone Number ( ) -
Email Address	Best time(s) of day to reach you by phone		

### Camp & Position Desired

Camp Preference. Please use the drop down menu to rank the camps based on availability and interest.		Position Preference. Please list the positions based on your skill and interest.		Do you meet the minimum age requirements for position(s) {refer to camp staff job listing for minimum age requirements} <input type="checkbox"/> Yes <input type="checkbox"/> No
First Choice No Preference	Third Choice No Preference	First Choice	Third Choice	
Second Choice No Preference	Other	Second Choice		

### Source of Referral

Were did you hear about us? (Click all that apply)

<input type="checkbox"/> Returning Staff Member	<input type="checkbox"/> Posting in Career Center – Where?
<input type="checkbox"/> Advertisement in newspaper – Where?	<input type="checkbox"/> Job Fair – Where?
<input type="checkbox"/> Girl Scout website (www.camprocks.org)	<input type="checkbox"/> CampStaff.com
<input type="checkbox"/> CampChannel.com	<input type="checkbox"/> MySummerCamps.com
<input type="checkbox"/> Bay Area Equestrian Network	<input type="checkbox"/> Yard and Groom
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend – Who?
<input type="checkbox"/> Other_____	

### Education

	High School or General Equivalency Diploma (GED)	Undergraduate College/University	Other
School Name and Location			
Last Year Completed	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Diploma/Degree/Credits			
List courses related to the position for which you are applying			
Are you currently a full-time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Experience

### Previous Camp or Youth Work Experience (paid or volunteer)

Name of Employer		Title or Position/Camp Name		
Address	City	State	Zip Code	Area Code & Phone Number ( ) -
Employment Dates (Month & Year) From:            To:	Name and Title of Immediate Supervisor		Email Address to HR / Immediate Supervisor	

Name of Employer		Title or Position/Camp Name		
Address	City	State	Zip Code	Area Code & Phone Number ( ) -
Employment Dates (Month & Year) From:            To:	Name and Title of Immediate Supervisor		Email Address to HR / Immediate Supervisor	

### Other Employed Experience (list most recent first)

Name of Employer		Title or Position/Camp Name		
Address	City	State	Zip Code	Area Code & Phone Number ( ) -
Employment Dates (Month & Year) From:            To:	Name and Title of Immediate Supervisor		Email Address to HR / Immediate Supervisor	

Name of Employer		Title or Position/Camp Name		
Address	City	State	Zip Code	Area Code & Phone Number ( ) -
Employment Dates (Month & Year) From:            To:	Name and Title of Immediate Supervisor		Email Address to HR / Immediate Supervisor	

### Training/Certification

Check courses taken for special skills, current certification or leadership. Indicate expiration date. (Proof of certification will be required.)			
<input type="checkbox"/> First Aid/CPR Expires	<input type="checkbox"/> Wilderness First Aid Expires	<input type="checkbox"/> EMT Expires	<input type="checkbox"/> RN Expires
<input type="checkbox"/> ARC Lifeguard Training Expires	<input type="checkbox"/> CPR for the Professional Rescuer Expires	<input type="checkbox"/> WSI Expires	<input type="checkbox"/> Sailing Expires
<input type="checkbox"/> Windsurfing Expires	<input type="checkbox"/> Canoeing Expires	<input type="checkbox"/> Kayaking Expires	<input type="checkbox"/> Ropes Course / Belay Expires
<input type="checkbox"/> Archery Expires	<input type="checkbox"/> ServSafe Expires	<input type="checkbox"/> Teaching Certificate Expires	
Other Certifications	Date Received	Agency/Sponsor	Expires
1.			
2.			

## Skills/Interest Areas

Please rate your proficiency in the following activities:

1- No Experience    2- Participated in Activity    3- Qualified to Assist    4- Qualified to Teach / Lead

### Camping

- | 1                        | 2                        | 3                        | 4                        |                                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor Cooking                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Building                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primitive/Overnight<br>Camping |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backpacking                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orienteering                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wilderness Survival            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hiking                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knot Tying/Lashing             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tool Use                       |

### Nature & Environment

- | 1                        | 2                        | 3                        | 4                        |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forest Ecology           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coastal Ecology          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stargazing/<br>Astronomy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Botany                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tidepools                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Night Hike               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Animal Care              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leave No Trace           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nature Crafts/<br>Games  |

### Equestrian/Horseback Riding

- | 1                        | 2                        | 3                        | 4                        |                  |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horseback Riding |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | English Riding   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Western Riding   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaulting         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horse Care       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lesson Leading   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trail Riding     |

### Performing Arts

- | 1                        | 2                        | 3                        | 4                        |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Theater/Drama            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Script Writing           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dancing/<br>Choreography |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skits/Stunts             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Costume Design           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Set Design               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Song Leading             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storytelling             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guitar                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sign Language            |

### Art & Experience

- | 1                        | 2                        | 3                        | 4                        |                       |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Batik/Tie Dye         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Candle Making         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceramics/Pottery      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drawing/<br>Sketching |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jewelry Making        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Painting              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weaving/Knitting      |

### Adventure

- | 1                        | 2                        | 3                        | 4                        |               |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High Ropes    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Low Ropes     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rock Climbing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Belaying      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kayaking      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canoeing      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windsurfing   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sailing       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scuba         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surfing       |

### Sports & Games

- | 1                        | 2                        | 3                        | 4                        |                  |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swimming         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Archery          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soccer           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Volleyball       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gymnastics       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | New Games        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Team Initiatives |

### Miscellaneous

- | 1                        | 2                        | 3                        | 4                        |                     |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baking              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quantity Cooking    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Menu Planning       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Program<br>Planning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Girl Scout Program  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Campfire Program    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bookkeeping         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foreign Language    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Carpentry           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing            |

- Do you have experience supervising children?     Yes     No  
 Do you have experience supervising adults?     Yes     No  
 Other:

## Statement

Why are you applying to work at camp this summer?

What are at least two goals you expect to accomplish this summer?

How or what will you contribute to help create a positive, working community at camp?

List an camp-related training, experience or skills you have gained in the past year that would enhance the overall camp program or your ability to do the job for which you are applying?

## References

Please indicate whether schooling or employment was under another name:

List 3 people **NOT** related to you who can attest to your qualifications for the position for which you are applying. Include one of your previously listed employers and, if you have camp experience, please include a Camp Director. A minimum of 1 references are required in order to complete the hiring process for new staff members, and 1 reference is required for returning staff..

Name	Profession	Area Code & Phone Number	Business or Home Address / Email
		B( ) - H( ) -	Address: Email:
		B( ) - H( ) -	Address: Email:
		B( ) - H( ) -	Address: Email:

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. (Check all that apply)

- Present Employer  
 Present Employer after accepting Position  
 Previous Employers  
 References Listed

Initial \_\_\_\_\_

Are you able to perform the essential functions of the job position(s) for which you are applying with or without reasonable accommodation?

- Yes  
 No (Please describe the functions that cannot be performed.)

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.)

- No  
 Yes

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana – related offenses that are more than two years old need not be listed)

- No  
 Yes

If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause for disqualification. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### For driving jobs only (you must be 21 yrs old with a valid driver's license):

Do you have a valid driver's license:  Yes  No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

DMV records will be obtained and reviewed for employees for whom driving is a job responsibility.

Do you have any moving violations currently on your driving record?  Yes  No

If yes, please explain:

Were you ever employed by GSUSA or a Girl Scout Council? <input type="checkbox"/> Yes When? <input type="checkbox"/> No	Have you previously applied to GSUSA or a Girl Scout Council? <input type="checkbox"/> Yes When? <input type="checkbox"/> No	Do you have relatives employed by GSUSA or a Girl Scout Council? <input type="checkbox"/> Yes Where? <input type="checkbox"/> No
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I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. If this form is completed electronically, I agree that my printed name serves as my electronic signature.

Initials \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### APPLICANT STATUS (For Office Use Only)

References Received: \_\_\_\_\_ Employee Reference # in Database: \_\_\_\_\_  
 Hire: \_\_\_\_\_ Position \_\_\_\_\_ Camp \_\_\_\_\_  
 Salary \_\_\_\_\_  
 Not Hired: \_\_\_\_\_ Reason: \_\_\_\_\_