CAMP BINACHI

Application for Employment, Summer Camp Staff May 26, 2024—June 8, 2024 plus 2 training weekend

Mail to:

Choctaw Area Council, Boy Scouts of America

Attention: Summer Camp Director

PO Box 5336 Meridian, MS 39302

NAME		
First	Middle	Last
MAILING ADDRESS		
	Street	t/Box
City	State	Zip Code
Date of Birth	Driver's License #	
Home Phone	Cell Ph	one
E-mail Address		
T-SHIRT SIZE (pick one):SM	MEDLGXL	2XL3XL4XL
NOTIFY IN EMERGENCY	V	
SCOUTING EXPERIENCE:	Name	Phone
YEARS IN SCOUTING	RANK	TROOP OR CREW #
TROOP POSITION(S) HELD		
SUMMERS ON CAMP STAFF	YEARS	WHERE
OTHER EXPERIENCE:		
HOBBIES		
EXTRA CURRICULAR ACTIVITIES_		
LEADERSHIP ROLES AT SCHOOL_		
LEADERSHIP ROLES AT HOME		

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REFERENCES: GIVE NAMES AND ADDRESSES OF 3 PERSONS (NOT RELATIVES) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

		<u>TELEPHONE</u>	
AM AVAILABLE FOR EMPLOYMENT FRO	DM	TO Date	
CAMP OPERATES May 26th through Jur APPROVALS: Required if Applicant is		raining weekends prior to Camp)	
UNIT LEADER(Signature) PARENT OR GUARDIAN	UNIT	PHONE	_
	(bigi	nature)	
		(Applicant's Signature)	
NDICATE BY NUMBER - FIRST, SECOND, POSITION	AND THIRD CHOICE	(Applicant's Signature) E - THE POSITIONS YOU WISH TO APPLY FOR: POSITION I	WIN. AG

COLOR, NATIONAL ORIGIN, AGE OR HANDICAP.