

# 2010 Napowan Adventure Base Staff Application

Northwest Suburban Council- 600 N. Wheeling Road Mount Prospect, IL 60056  
Phone: 847.824.6880 Fax: 847.842.6925

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

## Scouting History

Number of Years at Napowan: (Camper) \_\_\_\_\_ (Staff Member) \_\_\_\_\_ Positions

Order of the Arrow: ( ) Yes ( ) No Current Honor: \_\_\_\_\_

Current Unit Number: \_\_\_\_\_ Council: \_\_\_\_\_

Troop Leadership Held: \_\_\_\_\_

Philmont: ( ) Yes ( ) No Sea Base: ( ) Yes ( ) No Northern Tier: ( ) Yes ( ) No

## Employment Certifications & History

Emergency Medical Technician (EMT): ( ) Yes ( ) No Red Cross First Responder Training: ( ) Yes ( ) No

Res Cross CPR Cert: ( ) Yes ( ) No Driver License: ( ) Yes ( ) No BSA Lifeguard: ( ) Yes ( ) No

Are you permitted to be lawfully employed in the United States: ( ) Yes ( ) No – *(Proof required upon employment)*

### Personal & Professional Reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Job Preference***(Please check top 3 Choices)*Camp Leadership (21 & Older)Senior Staff (18 & Older)Staff (15 & Older) Camp Director Asst. Program Director Flintlock Staff Program Director Asst. Aquatics Director Nature Staff COPE Director Flintlock Director Aquatics Staff Office Manager Nature Director Shooting Sports Staff Business Manager Scoutcraft Director Trading Post Staff Chaplain Verona Director Scoutcraft Staff Aquatics Director Asst. Camp Ranger Verona Staff Shooting Sports Director Commissioner Dinning Hall Staff Health Officer Trading Post ManagerOther (14 & Older) Camp Chef COPE Staff Councilor in Training Volunteer

Why do you want to serve on Napowan Staff?

**Summer Availability** *(required)**(Check all that apply)*

\_\_\_ Staff Week (6/13-6/19) \_\_\_ Session #1(6/20-6/26) \_\_\_Session #2 (6/27-7/3) \_\_\_ Session #3(7/4-7/10)

\_\_\_Session #4 (7/11-7/17) \_\_\_Session #5 (7/18-7/24) \_\_\_Session #6 (7/25-7/31) \_\_\_Session #7 (8/1-8/7)

I understand that if employed on the council camp staff, I will be required to become a registered member of the Boy Scouts of America, purchase required uniforms, and have a current (within one year) medical examination. Further, I hereby certify that the answers and other information on this application are true and correct and that I understand that any misrepresentation or conscious omission of the facts on my part will be justification for dismissal, if employed.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Mail to:

Northwest Suburban Council  
600 North Wheeling Road  
Mount Prospect, IL 60056