



Camp Fire USA

CAMP STAFF APPLICATION YOUTH STAFF

Name _____ Age _____ Birthday ____ / ____ / ____

Address _____ Phone (____) _____

State _____ Zip _____

Email Address _____

School _____ Highest Grade Completed _____

Previous Camp Experience

Organization _____ Position _____ How Long _____

CAT Class of _____ Trainer/Instructor Name _____

SIT 1 Class of _____ Trainer _____ SIT 2 Class of _____ Trainer _____

Additional Camp Training _____

Do you have a current first aid certification? Yes ___ No ___ Expiration date _____

Do you have a current CPR certification? Yes ___ No ___ Expiration date _____

Describe your experience working with children _____

Position/s camp/s you are applying for _____

List additional experience, training or certifications you have that qualify you for the position/s listed above. _____

Signature _____ Date _____

For Director use only
Date Received _____ References checked _____ By _____ Date _____