



Camp Fire USA™

YOUTH CAMP STAFF APPLICATION

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 _____