

**Girl Scout Council of the Nation's Capital
GSCNC Summer Day Camp Teen Staff Application
Manassas Girl Scout Summer Day Camp**

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____ (Home)

Telephone Number: _____ (Cell) E-mail Address: _____

Age: _____ Date of Birth: _____ Adult T-shirt Size: S M L XL XXL

PREFERRED POSITION (please number your choices) Aides must have completed the 7th grade to be eligible to serve as a Camp aide.

_____ Camp Unit Aide

_____ Arts & Crafts

_____ Crime Lab

_____ Exploration Station

_____ Games

Age Level Preferred: Daisy Brownies Juniors Your Camp Name: _____

Names & current grade levels of sisters attending camp: _____

EXPERIENCE IN GIRL SCOUTING

Number of Years in Girl Scouts: _____

Training Received (please check): 204 Level Training(s) (circle):

Daisy Brownie Junior Cadette/Senior/Ambassador PA/LIT _____

Archery – Date completed _____

SUMMER DAY CAMP EXPERIENCE

Have you ever worked in a Girl Scout Summer Day/Evening Program? Yes _____ No _____

Name and Dates of Program: _____

OTHER EXPERIENCE/TRAINING

Please list other experience/training you have had working with children: _____

Educational Background: _____

REFERENCES:

Please provide three references not related to you, including address and telephone numbers.

Reference #1	Reference #2	Reference #3

BACKGROUND INFORMATION

Have you ever been convicted of any criminal offense? Yes _____ No _____

If yes, give date, place, charge offense, court and sentence: _____

Has your Driver's License been suspended or revoked? Yes _____ No _____

If yes, give date and circumstances: _____

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes _____ No _____

If yes, explain: _____

I understand that:

- a. The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides any information.
- b. My failure to complete this form may directly affect completion of the application process.
- c. In signing this application, I affirm that the information I have given is true and correct.

Signature of Applicant

Date

Signature of Parent (of Program Aides and Camp Aides)

Date

**Please complete this form and return to: Manassas Girl Scout Summer Day Camp
9211 Placid Street
Manassas, VA 20110**

FOR FIRST-TIME STAFF APPLICANTS: DO NOT REGISTER ONLINE UNTIL YOU HAVE SUBMITTED THIS FORM TO THE CAMP DIRECTOR You must register through eBiz on GSCNC.org.