



Counselor In Training Registration
2019 Resident Camp
 Western Massachusetts Council



District: _____ Unit Type: _____ Unit #: _____ Unit Leader: _____

Scout's Name: _____ Age (as of July 1, 2019): _____ Current Rank _____

Parent/Guardian (print): _____ Email: _____

Phone: _____ Secondary Phone: _____

This will be my _____ year at camp.

Scouts BSA (minimum age 14) and Venturers are invited to apply for this program.

I would like to serve as a Counselor In Training for the following week(s):

_____ Week 1, July 7 to July 13

_____ Week 2, July 14 to July 20

_____ Week 3, July 21 to July 27

_____ Week 4, July 28 to August 2

Payment

Counselor In Training	\$100 per week
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Total Due: \$ _____

Please make checks payable to Western Massachusetts Council, Boy Scouts of America

Contact one of the council service centers to pay by credit card

MEDICAL FORM ATTACHED: *Parts A, B, and C of the BSA Annual Health and Medical Record are required for all youth and adults who will be at camp for one or more days.*

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REFERENCE: Please have your unit leader complete the attached reference form and submit it directly to the address listed on the form.

**Counselor In Training Applicant
Unit Leader Letter of Reference
Western Massachusetts Council BSA**

(Applicant's Name) _____ has applied for the Counselor In Training program with the Western Mass Council, Boy Scouts of America. We would appreciate your careful consideration of this person as a potential childcare worker. We ask that you take the time to complete this form and return within 3 days of receipt, so we may proceed with the applicant's file. Please do not complete this form if you are related to the applicant.

How long have you known the applicant?

1-3 years ____ 3-5 years ____ more than 5 years ____

In what capacity?

CHECK ONE

PERFORMANCE AREAS	EXCELLENT	GOOD	FAIR	POOR
1. Work with children in a group living situation and serve as a positive role model.				
2. Ability and history of being punctual, clean and prepared for assigned duties.				
3. Fulfill all responsibilities & be self-motivated to do so.				
4. Get along with other staff - contribute to the well-being of the camp community.				

What strengths and weaknesses do you believe this person may have in working with children in a camp setting?

Would you hire this person to care for your own children?

How would you describe this person's character?

Please provide any additional information you feel may be helpful in considering this applicant.

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

References are to be requested only from adults to whom you are not related.

I, (applicant: print your full name) _____ request and authorize you to furnish to Western Mass Council, Boy Scouts of America any and all information concerning my employment record, school record, medical record, criminal record, and me. Please include any and all information of a confidential or privileged nature if it is requested. This information is used to assist the Boy Scouts of America in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

Applicant's Signature _____ Date _____

REFERENCE PROVIDER'S INFORMATION ONLY – please write clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

This letter of reference should be mailed or faxed to:

Western Mass Council
Attention: Counselor In Training Program References
1 Arch Road, Suite 5
Westfield, MA 01085
Fax: (413) 562-1041, Office: (413) 594-9196, Toll-Free: (800) 649-1735