CONNECTICUT YANKEE COUNCIL



Please print legibly and return this form to:
ccruson@bsamail.org or Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032.
Illegible forms will not be considered.

Last Name:	First Name:		M.I		
Permanent Address:	Street	City	ST	Zip	
Telephone: (H)					
Date of Birth:				T-shirt size:	
Position(s) Desired:					
Date(s) of availability: From:		to:			
List any periods you will not be al	ole to work: _				
If you have ever been convicted or	f a felony or m	nisdemeanor, p	olease explain		
	Edu	cational Ba	ickground		
Circle the highest level education	completed in e	each category	as of January 1, 20	018:	
High School: 1 2 3 4 Year Gradua	ated	School Na	me		
College: 1 2 3 4 Year Graduated	S	chool Name _			
Major:		Minor:			

Awards, Societies, Scholarships, and Scholastic Honors:

SCOUTING EXPERIENCE

Years registered in Scouting:	Unit #	Rank	O. A. Member: Y N			
District:	Council:					
Name of Camps attended:	Location:		Years:			
Previous Camp Staff Experience:						
		L SKILLS				
Please indicate your area of interest	and expertise by enter 1. Can teach it 2. Can do it 3. Can assist in teach	-	s many as six skill areas.			
LeatherworkSFirst AidMNatureC	roup Singing tory Telling Iusic ampfire Program eligious Services	Water Sport Swimming Fishing Rowing Canoeing	Sports/Games			
Musical Instruments Played: Other:						
		<u>F POSITIONS</u>				
Indicate in order of preference (1 - h	ighest, 2 - second hig	hest, etc) at least th	ree positions in which you have the			
interest or ability to serve. Camp Director Program Director Ecology/Conservation Director Ecology/Conservation Instructor Shooting Sports Director Archery Director Archery Instructor	Boating Boating Aquatic or Outdoo Outdoo	es Director g Director es Instructor or Skills Director or Skills Instructor Hall Steward n Staff	Ranger Assistant Handicraft Director Handicrafts Instructor Sports Director Sports Instructor Camp Clerk Camp Health Officer			
		RENCES				
Name:	Occupation:		Relationship:			
Address:	City:	T	elephone:			
Name:	Occupation:		_ Relationship:			
Address:	City:	Te	elephone:			
Signature of Applicant:		Date:				