GEORGIA LIONS' CAMP FOR THE BLIND

5626 Laura Walker Road, Waycross, GA 31503 | E-Mail: glcftb@bellsouth.net | Website: www.glcb.org
Telephone: (912) 283-4320 | Fax: (912) 283-5130 | Toll Free: (888) 297-1775 (In GA Only)

STAFF / VOLUNTEER APPLICATION

Check One: ☐Camp Staff ☐Volunteer **Date of Application:** _____

Name: _____ **Social Security #:** _____ - _____ - _____

Permanent Address: _____
Street City State Zip

Phone: _____ **Email:** _____

Current Address: _____
Street City State Zip

Phone: _____ **Email:** _____

Gender: ☐Male ☐Female **DOB** _____/_____/_____ **Age:** _____ **(**Must be 18 yrs. of age**)**

Mail should be sent to: ☐Permanent Address ☐Current Address

Race/Ethnicity

☐Caucasian/White ☐Bi-Racial/Multi-Racial ☐American Indian ☐Native Hawaiian/Pacific Islander
☐Black/African American ☐Asian ☐Hispanic/Latino ☐Other _____

School/College Attending _____ **Major** _____

Referencing the current summer schedule, please indicate any dates that you would be unavailable for work:

_____

For which camp position(s) are you applying? (*Certification(s) required)

☐Program Director ☐Cabin Leader ☐Music/Drama Leader ☐* Driver
☐Games Leader ☐Quartermaster ☐Cook ☐* Camp Nurse
☐Kitchen Supervisor ☐Arts & Crafts Leader ☐Nature ☐* Canoe Leader
☐Maintenance Assistant ☐General Counselor ☐* Lifeguard ☐* Ropes Course

What certification(s) do you currently hold? (Please include expiration dates)

☐First Aid _____/_____/_____ ☐Lifeguard _____/_____/_____ ☐Canoeing _____/_____/_____
☐CPR _____/_____/_____ ☐WSI _____/_____/_____ ☐Ropes Course _____/_____/_____
Driver's License # _____State Issued: _____Expiration Date _____/_____/_____

List any course(s), which you have had, or training that would be of benefit to the position(s) for which you are applying:

_____

_____

_____

List school, community, and other activities in which you participate and position of leadership held:

_____

_____

_____

Place a check next to those activities you would be able to lead or teach others:

☐Challenge Course ☐Backpacking ☐Canoeing ☐Music ☐Environmental Education
☐Team Games ☐Arts & Crafts ☐Fishing ☐Drama ☐Sign Language (ASL)
☐Swim Instruction ☐Outdoor Living Skills ☐List Other: _____

Do you have any experience working with persons whom are mentally disabled? ☐ Yes ☐ No
Do you have experience working with persons whom are physically disabled? ☐ Yes ☐ No
Are you a U.S. Citizen and/or legally eligible for employment? ☐ Yes ☐ No
Are you willing to work with both children and adults? ☐ Yes ☐ No
Have you been convicted of a crime or felony? ☐ Yes ☐ No
Are you fluent in a foreign language? ☐ Yes ☐ No

How did you become aware of the position(s) available at Georgia Lions' Camp? ☐ Newspaper ☐ Internet ☐ GLCB Employee ☐ Job Fair ☐ Friend/Family Member ☐ Lions Club Member ☐ Career Service Center ☐ Other: _____

Give an "employee profile" of yourself. Give five words or phrases, which best describes the type of worker you are, and your work habits.

_____
_____
_____

What three factors would you choose as being your main strengths in performing the position for which you have applied?

_____
_____
_____

EMPLOYMENT & EXPERIENCE REFERENCES - Indicate your most recent volunteer, student teaching, clinical/field experience in addition to paid positions you have held.

1. Employer _____ Supervisor _____
Phone (_____) _____ Address _____
Street City State Zip
Position Held _____ Dates Employed _____ to _____ ☐ Paid ☐ Volunteer

2. Employer _____ Supervisor _____
Phone (_____) _____ Address _____
Street City State Zip
Position Held _____ Dates Employed _____ to _____ ☐ Paid ☐ Volunteer

3. Employer _____ Supervisor _____
Phone (_____) _____ Address _____
Street City State Zip
Position Held _____ Dates Employed _____ to _____ ☐ Paid ☐ Volunteer

REFERENCES: (References from friends and relatives will not be considered.) May we contact your enclosed references? ☐ Yes ☐ No

1. Name _____ Phone (_____) _____ # Years Known _____
Relation to Applicant _____ Address: _____

2. Name _____ Phone (_____) _____ # Years Known _____
Relation to Applicant _____ Address: _____

3. Name _____ Phone (_____) _____ # Years Known _____
Relation to Applicant _____ Address: _____

(Please include a copy of your résumé or a brief biographical sketch. Include any specialized training, interests and hobbies you may have.)

All staff must have had a physical exam within the past two years and a tetanus shot within the past 10 years. It is suggested that all staff be immunized with the Hepatitis vaccine.

I have read the job description and understand what is required of a Georgia Lions' Camp Staff Member. I feel I can cope with the responsibilities of caring for campers with special needs. I authorize investigation of all statements herein, including references. I release the camp and all others from liability in connection with same. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of time or discovery by the camp.

If I am employed, I agree to read and comply with the Georgia Lions' Camp Rules, regulations, and policies. I understand that if hired, I will be expected to participate in all Camp programs and activities.

_____ _____
Applicant's Signature **Date**