

REFERENCES/EMPLOYMENT INFORMATION(Feel free to attach resume):

1. High School students must provide a letter from the school nurse and/ or a teacher.
2. College Students must provide a letter from an advisor or community service coordinator.
3. Health Care Professionals must provide relevant employment history, and credentials .

EXPERIENCE: Please list all of your volunteer, camp, or childcare experiences:

Facility	Your role/position	Dates of experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION:

Have you ever been convicted in an incident involving sexual or physical abuse of a child or are you now the subject of a sexual abuse investigation? N Y If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? N Y if so, please explain:

PROFESSIONAL CERTIFICATION/LICENSURE INFORMATION:
Volunteers do not need to fill out this page.

Education:

Teaching Certificate: State: _____ Level: _____ Expiration: ___/___/___

Medical:

Physician: MD DO Other: _____

License: State: _____ License # _____ Expiration: ___/___/___

DEA License #: _____ Expiration: ___/___/___

Nursing: RN LPN Other _____

License: State: _____ License # _____

Dietitian: RD Other _____

License/Registration#: _____ Expiration: ___/___/___

C.D. E.

Registration #: _____ Expiration: ___/___/___

Emergency Medical Staff:

EMT Level _____ Counties _____

Paramedic Level _____ Counties _____

Other: _____

Do you carry Malpractice insurance or are you covered by your facility in this setting?

N Y Please provide details:

Insurance company _____ Policy # _____ Group # _____

Camp Position or role I am interested in: _____.

Although this is not a requirement, do you have experience in working with Diabetes?

N Y If yes, describe:

ACTIVITY INTERESTS: Activity leadership is an important part of being a volunteer or staff member. In the boxes below, please indicate the areas you are interested in and how you would participate.

ACTIVITY	CHAIR	CO-CHAIR	HELPER
<input type="checkbox"/> Arts & crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nature & Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food/Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sports (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Basket weaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any unique/special skills to offer Camp Hickory? Please describe.

I am available to work : Week of July 12 to July 16, 2010
 Week of July 19 to July 23, 2010

Name _____ (print)

Telephone # _____ Email address _____

PLEASE READ CAREFULLY AND SIGN BELOW:

Lion's Camp Hickory considers all applicants without regard to race, color, religion, sex, sexual preference, national origin, age, disability or status as a Vietnam-era or special disabled veteran in accordance with federal law.

I certify that the information in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information could lead to my dismissal. I am advised that Lion's Camp Hickory will verify through the NYS Department of Criminal Justice that I am not a registered sex offender. By my signature below, I am authorizing Lion's Camp Hickory, Inc. to perform any background checks deemed necessary to ensure the safety and security of the children participating in the day camp. I understand that if I am considered for a camp position, I will be required to provide an authorized medical clearance.

I agree to follow all of the rules and expectations for staff members of Lion's Camp Hickory.

I understand that I must participate in an orientation and training program in order to work at camp.

Applicants signature: _____

Date:_____

For more information or to submit a completed application, please write to:
Lion's Camp Hickory, Inc.
P.O. Box 108
Baldwinsville, NY 13027

www.lionscamphickory.com 315 635-3328

APPLICATION POSTMARK DEADLINE : MAY 1, 2010