

Lion's Camp Hickory

Staff and Volunteer Application

Please type or print clearly all information. All responses become part of Lion's Camp Hickory, Inc.'s Personnel Files.

PERSONAL INFORMATION:

Name: _____

Social Security # _____ - _____ - _____ T-Shirt Size _____

Permanent Home Address:

_____ Street _____ city _____ state _____ zip code

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ Are you over age 16? Y N

Work, Temporary or School Address:

_____ Street _____ city _____ state _____ zip code

Temporary or School Address good from: ____ / ____ / ____ to ____ / ____ / ____

Do you have a valid driver's license? N Y (Please answer below)

State: ____ License # _____ Has your license ever been
revoked or suspended? N Y (Please
explain) _____

EDUCATIONAL INFORMATION:

Highest Grade Completed to Date:

9 10 11 12 13 14 15 16 17 18 19 20+
High School College Graduate School

High School: _____
Name _____ city _____ state _____ zip code

Did you earn a diploma? Y N

College:

_____ College/University _____ city _____ state _____ zip code

Degree(s) earned: _____ Major(s) _____

Present or intended Vocation _____

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:

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 13 to July 17, 2009
 Week of July 20 to July 24, 2009

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 DEADLINE : APRIL 30,2009