



# Volunteer Counselor/Staff Application

July 9 – 14, 2017

Application Deadline: June 9, 2017

- Senior Counselor (18+ Years Old)     Jr. Counselor (16 - 17 Years Old)     Support Staff (16+ Years Old)

**Camp Heart to Heart is for children who are infected or affected by HIV/AIDS.**  
**Print in Black Ink. ALL Information must be completed for the approval of your application.**

Name \_\_\_\_\_ Maiden/Alias \_\_\_\_\_  Male /  Female

Soc. Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 (Required! Youth Leaders KRS 17.160)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Driver's License # \_\_\_\_\_  Single,  Married,  Divorced

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a misdemeanor and/or felony crime?  Yes  No If yes, please explain:

Note: Background Checks Are Performed on All Applicants

**New Applicants:** Please submit a one-page letter describing why you would like to become a member of Camp Heart to Heart's staff. Tell us about your abilities, how you can contribute to the camp and your experiences in working with children. Please include two (2) letters of recommendations from community members (i.e. teacher, minister, employer, co-worker, etc.)

Returning Counselor/Staff?  Yes  No **Overnight  (most needed) Day Staff**

Do you have prior experience with any of the other Lions Camp Crescendo service camps?  Yes  No If so when:

Lions Youth Camp \_\_\_\_\_ Camp Freedom \_\_\_\_\_ Other Camps \_\_\_\_\_

If new, do you have any prior counselor experience?  Yes  No If yes, where? \_\_\_\_\_

Are you a certified Lifeguard?  Yes  No Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you certified in CPR?  Yes  No Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you certified in First Aid?  Yes  No Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

School/College: \_\_\_\_\_ Education/Certificates: \_\_\_\_\_

Special Talents & Skills: \_\_\_\_\_ Describe your swimming ability: \_\_\_\_\_

Can you stay for the duration of the camp (days & nights)?  Yes  No. If not, please give dates and times when you can attend:

Will you require transportation to and/or from camp?  Yes  No. Can you provide transportation?  Yes  No

May your picture be taken for promoting Camp Heart to Heart?  Yes  No. Pictures for Camp Album?  Yes  No.

Are you a member of a  Lions,  Lioness, or  Leo Club? If yes, what club? \_\_\_\_\_

T-shirt Size: **ADULT:**  Small  Medium  Large  XL  XXL  XXXL



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please Print*

# MEDICAL INFORMATION SUMMARY

**\*\*\* Attach a copy of insurance/medical card and recent photo\*\*\***

Name of who to call if medical question or concern: \_\_\_\_\_  
 Spouse     Relative     Other: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Back-up person to call if medical question or concern: \_\_\_\_\_  
 Spouse     Relative     Other: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**List Diagnosed Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

History of Seizures?  Yes  No

Current tetanus shot:  Yes  No

**Does You Have Allergies  Yes  No**  
Sensitivities: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Seasonal Allergies: \_\_\_\_\_

**Does You Use an EPI Pen?  Yes  No**  
Reaction: \_\_\_\_\_  
Reaction: \_\_\_\_\_  
Reaction: \_\_\_\_\_

**\*\*\*If you require an EPI-Pen, this must be brought with you to camp\*\*\***

**List each medication you will be taking while at camp:**

RX Name	Strength	Dose	AM	NOON	3PM	Supper	Bedtime
<i>Example: Concerta</i>	27 mg	1 tablet	✓				

*If more space needed attach additional sheet*

**Do you use the following?**  Rescue Inhaler     Nebulizer medication: \_\_\_\_\_

- Medicines must be in original container.
- Keep medications in a safe place (Nurses' station, car) while at camp. Do NOT keep meds in the dormitories with the children.
- Counselors/Staff, who are under the age of 18, will have their medications dispensed by the camp nurse.

**Special Diet:**  Yes  No     Vegetarian     Food Allergy     Gluten Free     Other \_\_\_\_\_

**List food restrictions:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Please Print*

**CONSENT FOR NON-PRESCRIPTION MEDICATIONS**

*This consent allows appropriate camp staff to give you over-the-counter medications as needed.*

- |                                                          |                     |                                                          |                    |                                                          |                      |
|----------------------------------------------------------|---------------------|----------------------------------------------------------|--------------------|----------------------------------------------------------|----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Acetaminophen       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Naprosyn             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tums                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Imodium            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emetrol              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Chloraseptic Spray  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sudafed            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sting Kill          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Caladryl, Calamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hydrocortisone Cream |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Aloe with Lidocaine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Neosporin          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Desitin              |

Other over-the-counter medication that works well for the you: \_\_\_\_\_

Special Instructions for prescription medication and/or over-the-counter medication administration:  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Release & Authorization (Signature required for approval of application):**

1. I hereby agree to release and hold camp staff free and harmless for any claims, demands, or suits for damages from any complication that may result from the proper administration of the medications I have voluntarily marked "yes".
2. I hereby agree to release and hold Lion's Camp Crescendo free and harmless for any claims, demands, or suits for damages from any injury and/or illness occurring during camp session.
3. In case of an EMERGENCY, where the child needs to be seen by a physician, I hereby give permission for the child to be transported to a medical facility for the purpose of conducting examination, ordering x-rays, administering tests and/or receiving EMERGENCY treatment. *(Bring a copy of DNR if applicable)*

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Counselor/Staff Name (printed) Signature Date

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Name (printed) Signature Date  
(If volunteer is under 18 years of age)

After Completing the **4 Page** Application, Please Mail To:

**Camp Heart to Heart  
c/o Lions Camp Crescendo  
PO Box 607  
Lebanon Junction, KY 40150**

**Application Deadline Date: June 9, 2017**

**Camp Heart to Heart is a Community Service Project of Lions Camp Crescendo, Inc.,  
a 501(c)(3) Non-Profit Organization**

**Contacts for Questions:**

Daniel Coe (Camp Director)  
Jacki Bunger (Asst. Camp Director)

Phone: (502) 294-5872  
Phone: (502) 553-2343

Email: daniel.coe@twc.com  
Email: jacki1228@gmail.com



## Expectations for all Volunteer Counselor/Staff Members Pledge



Camp Heart to Heart \* July 9 – 14, 2017

**Volunteer Minimum Requirements:** Desire and ability to work with children; Ability to relate to one’s peer group; Ability to be a positive member of a staff team; Ability to accept supervision and guidance; Good character, integrity and adaptability; Enthusiasm, sense of humor, patience and self-control; Minimum age of 16, unless personally approved by the Camp Director;

**Responsibility:** Camp is not a vacation for volunteers. While there are delightful moments and personal gratification, it must be distinctly understood that a volunteer position at a Lions camp means hard work, long hours and definite responsibilities. You must be prepared to be a role model and friend to the children. You must be able to withstand summer heat and the outdoor activities. Camp is a fun time for the children to be away from home, learn new things as well as play and make new friends. The camp is for the campers, their safety and security are our first concern. Harassment of any kind, involving a camper or another staff person will be not tolerated.

**Loyalty:** Loyalty to the Directors and Camp Management is a necessity. Criticism of equipment, management, program, food or policies in the presence of campers is inappropriate. Counselors are expected to take their troubles/concerns/grievances to the Directors. Helpful suggestions are always welcome.

**Character:** There is no place at Camp for questionable ideals, vulgar/profane language, smutty jokes, personal sex-life stories, negative comments or poor sportsmanship. Every counselor is expected to conduct themselves with the highest moral stature. Destruction of camp property, vandalism or theft will not be tolerated. **Smoking** is not permitted in any building or in front of any camper.

**Personal Appearance and Hygiene:** Counselors are expected to maintain good hygiene and to dress appropriately for a children’s camp.

**Child Abuse** of any kind, suspected or known, is to be reported immediately to the camp director and administrator.

**Weapons, Alcohol, Illegal Drugs:** These items/substances are **Not** allowed on the camp property. Abuse of these items will not be tolerated. **Weapons** of any type (concealed or visible) are also not permitted on camp property.

**Animals/Pets:** Are only allowed inside buildings when they are “work” animals.

I understand and agree that I will adhere to the above conditions and policies. This form is to be returned with the Counselor application.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Counselor/Staff Name (printed) Signature Date

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Name (printed) Signature Date  
(If volunteer is under 18 years of age)