

KY Lions Youth Camp

Volunteer Counselor/Staff Application
July 2 – 7, 2017
Application Deadline: June 2, 2017

Which Camp are you applying for? Blind/Vision Impaired Camp Deaf/Hard of Hearing Camp
 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: Investigations will be conducted on all applicants. Please include \$20 for your background check.

New Applicants: Please submit a one-page letter describing why you would like to become a member of Kentucky Lions Youth Camp'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:

Camp Heart to Heart _____ Camp Freedom _____ Other Camps _____

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

Are you a certified Lifeguard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Certified: _____	Expiration Date: _____
Are you certified in CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Certified: _____	Expiration Date: _____
Are you certified in First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

For Deaf/Hard of Hearing Camp, describe your sign language skills: Above Avg. Average Below Avg. None
 American English Other _____

May your picture be taken for promoting Kentucky Lions Youth Camp? Yes No. Pictures for Camp Album? Yes No.

Are you a member of a Lions, Lioness, or Leo Club? If yes, which club? _____

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



Name: _____
Please Print

Staff Only:
AM 12P 3P 5P BT PRN

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 # (____) _____

Insurance Provider: _____ Medical Card # _____

List Diagnosed Medical Conditions:

History of Seizures? Yes No

Current tetanus shot: Yes No

No Known Allergies

Do you have an EPI Pen? Yes No

Sensitivities: _____

Reaction: _____

Allergies: _____

Reaction: _____

Seasonal Allergies: _____

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: _____
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:

**Kentucky Lions Youth Camp
c/o Lions Camp Crescendo
PO Box 607
Lebanon Junction, KY 40150**

Application Deadline Date: June 2, 2017

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

Contacts for Questions:

Holly Bean (Camp Coordinator)
Billie Flannery (LCC Administrator)

Phone: (270) 407-3482
Phone: 1-888-879-8884

Email: holly.bean407@topper.wku.edu
Email: wibblesb@aol.com



Expectations for all Volunteer Counselor/Staff Members Pledge



Kentucky Lions Youth Camp * July 2 – 7, 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)