

LIONS CAMP CRESCENDO - VOLUNTEER APPLICATION 2021

Print in black ink. Missing information may result in not being accepted for camp.

WHICH CAMP ARE YOU APPLYING FOR?

Application Deadline: May 1, 2021



Lions Youth Camp: (June 27th – July 2nd)

- Blind/Vision Impaired
 Deaf/Hard of Hearing



Camp Heart to Heart: (July 4th – 9th)

Children affected/infected
By HIV/AIDS



Camp Freedom: (July 4th – 9th)

Children in foster care or
guardianship of grandparent

Service camps are community service projects of the Lions Camp Crescendo, Inc. a 501(c)(3) non-profit organization.

Senior Counselor ≥18 yrs. old **Junior Counselor** 16-17 yrs. old **Support Staff** ≥16 yrs. old

Can stay entire week, if not when available? _____

A verification of community service letter is available upon request. If volunteering the entire week, you are awarded 80 hours.

Day Staff Only

Name: _____ Maiden/Alias: _____ Male Female

Soc. Security #: _____ Date of Birth: ____/____/____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Driver's Lic.#: _____ Single Married Divorced

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

Work Phone: (____) _____ Email: _____

School/College: _____ Education/Certificates: _____

Your Employer: _____ Occupation: _____

Member: Lions Lioness Leo Club If yes, which club? _____

Ever convicted of a misdemeanor or felony? No Yes, Details: _____

Background checks required on all applicants ≥18 years old. Please consider a tax-deductible donation of \$25 to cover this expense.

NEW LIONS CAMP CRESCENDO VOLUNTEERS

Submit a one-page letter describing why you would like to volunteer. Tell us about your experience, special talents, skills & characteristics that would make you good at working with special-needs children at our camp.

Include at least one letter of recommendation from a non-family member (*i.e., teacher, minister, or employer*).

How did you hear about this volunteer opportunity? Camp Fair/School Event DCBS Worker Lions Club or Member Past Camper or Counselor Pastor/Minister School Guidance Counselor Website Word of Mouth Other Source: _____

Who/Where?

EXPERIENCE AND QUALIFICATIONS

Reference Name: _____ Relationship: _____ Phone: () _____

Prior camp counselor/staff experience: No Yes: What year? _____ How many years? _____

Lions Youth Camp: Deaf/HoH Blind/Vi H2H CF Other: _____

Certified in CPR? Yes No Date Certified: _____ Expiration Date: _____

Certified Lifeguard? Yes No Date Certified: _____ Expiration Date: _____

Swimming Skill: Excellent Moderate Minimal

Special Talents & Skills: _____

For Youth Camp: Deaf/Hard of Hearing Camp, describe your sign language skills: None

Above Average Avg. Below Avg. American English Other

Name: (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:

Current tetanus shot: Yes No
COVID Vaccine: 1st Dose 2nd Dose None

History of Seizures? Yes No

Allergies: Yes No
Sensitivities: _____
Allergies: _____
Seasonal Allergies: _____

Do you use an EPI Pen? Yes No
Reaction: _____
Reaction: _____
Reaction: _____

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

ONLY IF < 16 years old: 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: _____

- Keep medications safe (Nurses' station or locked car if >16 years old) while at camp. ***NOT in Dorms***
- Counselors/Staff, who are under the age of 16, will have their medications dispensed by the camp nurse.
 - Medicines must be in original container.

COVID SCREENING: Temp >100.4 Normal Temp
New In last 14 days: Close contact with person with COVID Cough Sore Throat Vomiting/Diarrhea Loss of smell or taste Shortness of Breath body aches

Special Diet: No Yes: Vegan Vegetarian Food Allergy Gluten Free
 Other: _____ **List food restrictions:** _____

Name: (Please Print) _____

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

This consent allows appropriate camp medical staff to administer over-the-counter medications if 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 | Naproxyn |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tums | <input type="checkbox"/> Yes <input type="checkbox"/> No | Imodium (for diarrhea) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emetrol (for vomiting) |
| <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 you: _____

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

T-SHIRT SIZE

ADULT: Small Medium Large XL XXL XXXL

May your picture be taken for: Album Camp Promotion Personal Use

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 non-prescription medications I have voluntarily marked "yes", and medications brought to camp if applicable.
2. I hereby agree to release and hold Lions 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 I need to be seen by a physician, I hereby give permission 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)

Signature: _____ Date: _____

If a minor, < 18 years old: Relative/parent Foster Parent Other: _____

Who is authorized to pick-up: _____

APPLICATION DEADLINE: May 1, 2021

This is important for planning purposes! To maximize safety & ensure a pleasurable experience for everyone we must ensure appropriate counselor: camper ratios.

If you need to cancel attendance PLEASE do so as soon as possible!

TO CANCEL PLEASE CALL: (502) 264-0120 or (502) 938-1619

After completing this entire four page application, please mail to:
Lions Camp Crescendo PO Box 607 Lebanon Junction, KY 40150

FOR QUESTIONS OR ADDITIONAL INFORMATION CONTACT:

Lions Camp Crescendo	Billie Flannery, Administrator	(502) 264-0120	Wibblesb@aol.com
Heart to Heart & Camp Freedom	Daniel Coe, Director	(502) 294-5872	Dfcoe53@gmail.com
LYC – Deaf/Hard of Hearing	Morgan Moore, Director	(502) 594-3302	klycdeafcampdirector@gmail.com
LYC – Blind/Vision Impaired	Mark Grieser, Director	(502) 314-4964	klycvisioncampdirector@gmail.com



Expectations for all Volunteer Counselor/Staff Members Pledge



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)