

# LIONS CAMP CRESCENDO - VOLUNTEER APPLICATION

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

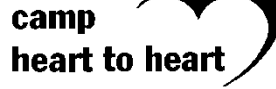
## WHICH CAMP ARE YOU APPLYING FOR?

Application Deadline: June 1, 2019



### Lions Youth Camp:

- Blind/Vision Impaired
- Deaf/Hard of Hearing



### Camp Heart to Heart:

Children affected/infected  
By HIV/AIDS



### Camp Freedom:

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  $\geq 18$  yrs. old
- Junior Counselor 16-17 yrs. old
- Support Staff  $\geq 16$  yrs. Old
- Overnight (most needed)
- Day Staff Only
- Can Stay Entire Week
- If not entire week, when available? \_\_\_\_\_

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

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  $\geq 18$  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/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

History of Seizures?     Yes     No

Allergies:  Yes     No

Do you use 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\*\*\***

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: \_\_\_\_\_

- Medicines must be in original container.
- Keep medications in a safe place (Nurses' station, locked car) while at camp. **Do NOT** keep medications in the dormitories with the children.
- Counselors/Staff, who are under the age of 16, 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 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:

<b><u>T-SHIRT SIZE</u></b>
ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
<b>May your picture be taken for:</b> <input type="checkbox"/> Album <input type="checkbox"/> Camp Promotion <input type="checkbox"/> 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:*    Relative/parent    Foster Parent    Other: \_\_\_\_\_

<b>APPLICATION DEADLINE: JUNE 1, 2019</b>
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! <b>TO CANCEL PLEASE CALL: (502) 264-0120 or (502) 938-1619</b>

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

<b>FOR QUESTIONS OR ADDITIONAL INFORMATION CONTACT:</b>			
Lions Camp Crescendo	Billie Flannery, Administrator	(502) 264-0120	<a href="mailto:Wibblesb@aol.com">Wibblesb@aol.com</a>
Heart to Heart & Camp Freedom	Daniel Coe, Director	(502) 294-5872	<a href="mailto:Dfcoe53@gmail.com">Dfcoe53@gmail.com</a>
LYC – Deaf/Hard of Hearing	Holly Bryant, Director	(270) 407-3482	<a href="mailto:Holly.bryant@wky.edu">Holly.bryant@wky.edu</a>
LYC – Blind/Vision Impaired	Mark Greiser, Director	(502) 314-4964	<a href="mailto:klycvisioncampdirector@gmail.com">klycvisioncampdirector@gmail.com</a>



## 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)*