GEORGIA LIONS' CAMP FOR THE BLIND

5626 Laura Walker Road, Waycross, GA 31503 | E-Mail: director@glcb.org | Website: www.glcb.org

Telephone: (912) 283-4320 | Fax: (912) 283-5130

STAFF / VOLUNTEER APPLICATION

Check One: Camp S	starr vo	lunteer	Check Residential	
Date of Application	:			
Name:				
Social Security #:				
Permanent Address	Street:		City:	
State:	Zip:			
Phone:				
Email:				
Current Address: Str	reet:		City:	
State:	Zip:			
Phone:				
Email:				
Gender: Male: (Must be 18 yrs. of age	Female:)	DOB:	Age:	
Mail should be sent	to: Perman	ent Address:	Current Add	ress:
Email:				
Race/Ethnicity: Cau	casian/White:	Bi-Racial/M	lulti-Racial: Amer	ican Indian:
Black/African American	Asian	: Hispanic/	Latino: Other	:
School/College Atto	ending:			
Major:				
When are you avail	able? Please lis	st available dates.:		

For which camp	positio	n(s) are you ap	plying?	(*Certificat	ion(s) re	equired)
Program Director:		Cabin Leader:	Games Lea		er:	Nature:
*Lifeguard:	General (Counselor:	Unit Leade	er:	Cook:	
Music/Drama Lead	er:	*Camp Nurse:	Kitc	hen Supervi	isor:	Driver:
Maintenance Assist	tant:	Arts & Crafts Lea	der:	*Canoe Lea	der:	Ropes Course:
What certificati	ion(s) do	you currently	hold? (F	Please includ	le expira	tion dates)
First Aid:	Life	guard:	Cano	eing:	СР	R:
WSI:	Rop	es course:				
Driver's License #:		State issue	ed:	Expiration	n Date:	
List any course(s), which you have had, or training that would be of benefit to the position(s) for which you are applying:						
List school, comr leadership held:	nunity an	d other activities	in which	you partic	ipate ar	nd position of
Place a check n others:	ext to th	ose activities y	ou woul	d be able	to lead	l or teach
Challenge Course:	Ва	ckpacking:	Canoeir	ng: M	usic:	
Environmental Edu	cation:	Team Game	s:	Arts & Craf	ts:	
Fishing:	Drama:	Sign Langua	ige (ASL):	Swi	m Instru	ıctions:
Outdoor Living Ski	lls:	List Other SI	cills:			
Do you have any	/ experier	nce working with	persons	whom are	mentall	y disabled?
Yes No						
Do you have exp	perience v	vorking with pers	sons who	m are phys	sically di	sabled?
Yes No						
Are you willing t	o work wi	th both children	and adul	ts?		

Yes

No

Are you a	Are you a U.S. Citizen and/or legally eligible for employment?							
Yes	No							
Have you	been cor	victed of a	crime	or felony?				
Yes	No							
How did yo	ou becom	e aware of t	the po	sition(s) a	vailable at	t Ged	orgia Lions' (Camp?
Newspape	r:	Internet:		GLCB Em	ployee:		Job Fair:	
Friend/Fan Other:	nily Meml	ber:	Lions	Club Men	nber:	Ca	reer Service	: Center:
Give an "employee profile" of yourself. Give five words or phrases, which best describes the type of worker you are, and your work habits:								
		would you c ch you have			your main	stre	ngths in per	forming

Are you fluent in a foreign language? Please list:

EMPLOYMENT & EXPERIENCE REFERENCES:

Indicate your most recent volunteer, student teaching, clinical/field experience in addition to paid positions you have held.

1. Employer	:	
Supervisor:		
Street:		City:
State:	Zip:	
Position Held:		
Dates Employed:	Starting:	Ending Date:
Paid:	Volunteer:	
2. Employer	:	
Supervisor:		
Street:		City:
State:	Zip:	
Position Held:		
Dates Employed:	Starting:	Ending Date:
Paid:	Volunteer:	
3. Employer	:	
Supervisor:		
Street:		City:
State:	Zip:	
Position Held:		
Dates Employed:	Starting:	Ending Date:
Paid:	Volunteer:	

	May we contact your enclosed refere	ences? □ Yes □ No			
	REFERENCES: (References from frie will not be considered)	ends, relatives and Geo	orgia Lions' Camp Employees		
	1. Name:	Phone:	# Years Known:		
	Relation to Applicant:				
	Address:				
	2. Name:	Phone:	# Years Known:		
	Relation to Applicant:				
	Address:				
	3. Name:	Phone:	# Years Known:		
	Relation to Applicant:				
	Address:				
	(Please include a copy of your Include any specialized training have.)		- -		
All staff must have had a physical exam within the past two years and a tetanus shot within the past 10 years. It is suggested that all staff be immunized with the Hepatitis vaccine.					
I have read the job description and understand what is required of a Georgia Lions' Camp Staff Member. I feel I can cope with the responsibilities of caring for campers with special needs. I authorize investigation of all statements herein, including references. I release the camp and all others from liability in connection with same. I understand that untrue, misleading or omitted information herein may result in dismissal, regardless of time or discovery by the camp.					
	If I am employed, I agree to rea Rules, regulations and policies. I to participate in all camp progran	I understand that i			
	Applicant's Signature:				
	Date:				
	Date:				