

**Allen H. Stewart Lions Camp  
Summer School for the Visually Impaired 2016  
Intern Application**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Intern Cell \_\_\_\_\_  
Intern E-mail Address \_\_\_\_\_

Of home, cell, or e-mail, which is the best way for us to get in touch with you? \_\_\_\_\_ Can we text you with information? \_\_\_\_\_

Can we give these numbers and e-mail and home address to other staff members? \_\_\_\_\_ We will have a list of all cell phone numbers of staff and interns available at camp if permission granted.

**Date of Internship: July 16-22, 2016**

All interns will assume responsibilities and participate in activities determined by the needs of the program.

Of the below classes, please circle or **highlight** the classes you would be willing to assist in:

Crafts	Lapidary	Woodworking	Technology
ADL	Robotics	Outdoor Skills	Adaptive PE
Photography	Music	Self Advocacy	Braille

Outdoor Skills

Other \_\_\_\_\_

All interns will reside in the dormitories provided by the Lions Foundation of Wyoming. Food is also provided. Unnecessary food and drink is not allowed in the dorms.

**Salary: \$150 for the week**

We have a talent show on Friday, July 24<sup>th</sup>, 2015 and would love to have you share your talent with us! Maybe a group skit? Our theme this year is The Great Outdoors.

**Please explain why you are interested in being an intern at this camp:**

**Please list three references, at least two of the references should not be related to you.**

**Name:**  
**How do you know this person:**  
**Email:**  
**Phone:**

**Name:**  
**How do you know this person:**  
**Email:**  
**Phone:**

**Name:**  
**How do you know this person:**  
**Email:**  
**Phone:**

\_\_\_\_\_ I give my consent for the Lions of Wyoming to take pictures or video and use my name while working at the School for the Visually Impaired for use in promotional endeavors for the camp.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (if under 18)**

\_\_\_\_\_  
**Date**

Please return this application via email to: [bran.mapes@gmail.com](mailto:bran.mapes@gmail.com) or mail it to: Brandon Mapes

2116 Lodgepole Dr.  
Leadville, CO 80461