



Louisiana Lions Camp

292 L. Beauford Dr. Anacoco, Louisiana 71403

Raymond E. Cecil, III, Executive Director
Certified Camp Director

Office (337) 239-6567 Fax (337) 239-9975

lalions@lionscamp.org

<http://www.lionscamp.org>



Dear Staff Applicant:

Thank you for requesting information about positions available in our Summer Camping Program. Our camp is a nonprofit organization sponsored by the Lions Clubs of Louisiana. The primary focus is to provide an outdoor camping experience for the Mentally and Physically Challenged and Diabetic youth of Louisiana.

Our season will begin on Tuesday, June 8 and will end on Saturday July 24, 2010, which includes a full week of staff training.

Enclosed is an application form, three (3) reference forms, and a work history and information release form.

To apply, you need to:

1. Completely fill out the application, attach a current photo, and return to the address listed above.
2. Have the people who provide a reference for you mail the forms themselves, do not send in your own references.
 - a. Choose adults who have knowledge of your abilities
 - b. Do not use relatives, friends, room mates, etc.
 - c. References are confidential and must be in the camping office before April 1.
3. If you are less than 18 years of age, your parents or guardian must sign your application also.
4. Upon receipt of your completed application and reference forms (all three), your file will be reviewed and you will be notified if chosen for an interview.
5. Follow the instructions in the application and on all other materials as your ability to do so has impact upon your selection as a staff member.
6. Applicants 18 and older will be subject to a criminal background check.

I urge you to send your application as quickly as possible and to follow up on your references. Be sure to follow all instructions and that everything is complete. If you have questions call or send e-mail to the above.

I look forward to hearing from you.

Sincerely
Louisiana Lions Camp

Raymond E. Cecil, III
Executive Director



REQUEST FOR REFERENCE
LOUISIANA LIONS CAMP FOR HANDICAPPED AND DIABETIC YOUTH
292 L. Beauford Dr. ** Anacoco, LA. 71403

Print an additional 2 copies of this Reference form for a total of 3
The information on this form is CONFIDENTIAL

Applicant's Name _____

Address: _____
Street/ Box City State ZIP

School _____

School Counselor _____ Phone _____

Person seeking employment complete the above
Person filling out the form must mail to the camp, not the applicant.

The person above has given your name for a reference in applying for a position as a Staff Member at the Louisiana Lions Camp, a residential summer camp for physically and mentally challenged and diabetic youth. We are seeking responsible young adults with a genuine interest in working with handicapped children. The nature of our program, which involves campers in planning and carrying out their own activities, requires responsible, mature staff who are creative, resourceful, and comfortable with strenuous outdoor living. They must be able to work well with others and live comfortable in a close young adult community for an extended period of time. When filling out this form please keep in mind the applicant is seeking to work with handicapped campers ranging in age from 7 to 21.

The task of selecting the right person for the important responsibility of leadership with young children is difficult. We appreciate your help in assessing this applicant's qualifications.

As further action depends on your response, your prompt attention to this matter will be much appreciated. Your statements about this applicant will be considered confidential

1. How long and in what capacity have you known the applicant? _____

2. In your opinion, is the applicant mature enough to:
- | | | |
|---|-----------|----------|
| a. Be responsible for children in a camp setting | _____ Yes | _____ No |
| b. Get along with co-workers under close living conditions? | _____ Yes | _____ No |
| c. Assume responsibility for carrying out delegated duties? | _____ Yes | _____ No |
| d. Accept on-going guidance and supervision? | _____ Yes | _____ No |
| e. Accept changing conditions & assignments? | _____ Yes | _____ No |
| f. Maintain energy and enthusiasm over an extended period? | _____ Yes | _____ No |
| g. Make responsible decisions in emergency situations? | _____ Yes | _____ No |

Comments: _____

3. Does applicant have the ability to guide young children in a program of simple democratic living?

Yes _____ No _____ Comments: _____

4. Do you know of any religious, cultural, or racial prejudice the applicant might have that could limit the applicant's ability to work with all children and staff _____ Yes _____ No

a. Do you know of any legal charges past or pending pertaining to this applicant? _____ Yes _____ No

Comments _____

5. Please comment on applicant's personal experience as it relates to this position: _____

6. To your knowledge, does the applicant have any physical or mental conditions which would limit the ability to carry out an active and strenuous job? _____ Yes _____ No

Comments: _____

7. Please check the statements which best describe this applicant:

- | | |
|---|--|
| a. _____ Almost always seems happy | l. _____ Finds change difficult |
| b. _____ Discusses job problems with everyone | m. _____ Takes initiative |
| c. _____ Gets along well with people of all types | n. _____ Tends to be dictatorial |
| d. _____ Gets angry easily - loses temper | o. _____ Has a genuine interest in people |
| e. _____ Accepts suggestions and corrections graciously | p. _____ Seems to enjoy dissension |
| f. _____ Seems to be self-centered | q. _____ Is often moody and depressed |
| g. _____ Seems to have self-confidence | r. _____ Talks to supervisor about problems |
| h. _____ Feels that supervisors are unduly critical | s. _____ Follows through on responsibilities |
| i. _____ Is adaptable to new situations | |
| j. _____ Seems to lack self-confidence | |
| k. _____ Is tolerant of other's ideas and desires | |

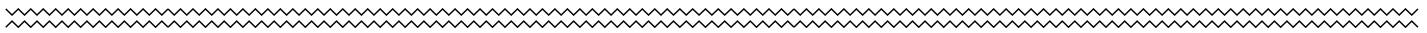
8. Would you want to have this person be a camp counselor with your children? _____ Yes _____ No

Comments: _____

9. How would you rate applicant as a potential camp staff member?

- | | |
|---------------------|----------------------------|
| _____ Below Average | _____ Above Average |
| _____ Average | _____ Exceptionally Strong |

10. Please make any additional comments you think might be helpful to us in determining whether this applicant has the qualifications to work with young children.



Signature _____ Address _____

Printed Name _____ City _____ state _____ zip _____

Date _____ email _____ Phone _____

Previous Employment
Please complete starting with most recent

Company Name: _____

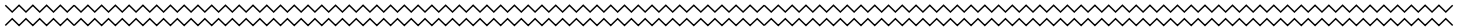
Supervisors Name: _____

Phone: (____) _____

Address of Company: _____

Dates Employed: From: _____ **To:** _____

Reason(s) for Leaving: _____



Company Name: _____

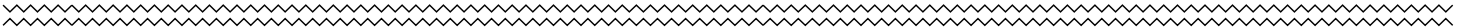
Supervisors Name: _____

Phone: (____) _____

Address of Company: _____

Dates Employed: From: _____ **To:** _____

Reason(s) for Leaving: _____



Company Name: _____

Supervisors Name: _____

Phone: (____) _____

Address of Company: _____

Dates Employed: From: _____ **To:** _____

Reason(s) for Leaving: _____

***Return to Summer Camping Office with your application ***