



Lions Camp Merrick



3650 Rick Hamilton Place P.O. Box 56, Nanjemoy, MD 20662

Voice/TTY: (301) 870-5858 • FAX: 301-246-9108 • E-mail: campmerrick@aol.com

STAFF/VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE • PLEASE ATTACH RECENT PHOTO

Position requested: () Camp Staff () Volunteer () Intern Date of Application: _____

Name: _____ Social Security #: _____

Permanent Address: _____
(Street) (City) (State) (Zip code)

Current Address: _____
(If different from above) (Street) (City) (State) Zip code

E-Mail Address: _____ Phone: _____

Mail should be sent to: () Permanent Address () Current Address

Are you at least 18 years old? _____ Yes _____ No **T-Shirt Size:** () S () M () L () XL

Current Level of Education: H.S. Student H.S. Graduate Some College AA Degree Undergraduate Degree Graduate Degree

School/College Attended: _____ Major: _____

Emergency Contact Person: _____ Phone: _____

LCM WORK HISTORY:

Have you previously worked for Lions Camp Merrick as a paid staff member or volunteer? () Yes () No

If yes, what position/when: _____

If no, How did you become aware of the position? _____

CAMP SESSION INTEREST - *Paid staff must be available to work the entire program*

Please check session (s) you would be interested in and available to work. Note: Certified staff may be required to work both programs.

- DEAF-HOH-KODA PROGRAM** – NO STAFF UNDER THE AGE OF 18 ARE PERMITTED AT CAMP ON WEEKENDS
- GLYNDON DIABETES PROGRAM** – NO STAFF UNDER THE AGE OF 18 ARE PERMITTED AT CAMP ON WEEKENDS

WHAT CAMP POSITION(S) ARE YOU APPLYING FOR? Note: positions followed by an asterisk (*) require certification or license

(AGE REQUIREMENT FOR POSITIONS ARE POSTED ON WWW.LIONSCAMPMERRICK.ORG AND MUST BE MET BY JUNE 14TH)

- | | | | | |
|-------------------------|-----------------------|------------------------|-------------------------|----------------------------|
| () Program Director | () Archery Director* | () Counselor (18 yrs) | () Internship* | () Physician* |
| () Activities Director | () Aquatics Director | () Head Cook | () Diabetes Educator* | () Fellow/Resident* |
| () Arts and Crafts | () Canoe Instructor* | () Assistant Cook | () Dietitian* | () NP/RN/LPN* _____ |
| () High/Low Ropes* | () Pool Operator* | () Cooks Helper | () Assistant Dietitian | () Health Assistant |
| () Outdoor Adventure | () Lifeguard* | () Maintenance Helper | () CIT (17 yrs) | () Nursing Assistant/CMA* |

What licenses/certifications do you currently hold? **Please include expiration dates (all certifications/licenses must be current through entire camping season). Please attach copies.**

_____ Lifeguard	____/____/____	_____ First Aid	____/____/____
_____ Archery	____/____/____	_____ CPR	____/____/____
_____ WSI	____/____/____	_____ NP/ RN/ LPN	____/____/____
_____ Pool Operator	____/____/____	_____ Dietician	____/____/____
_____ Boater Safety	____/____/____	_____ Physician	____/____/____
_____ Canoeing	____/____/____	_____ Diabetes Educator	____/____/____
_____ Hi/Low Ropes	____/____/____	_____ Cert. Med. Aid	____/____/____

OFFICE USE ONLY: DATE RECEIVED: ____/____/____ **NOTES:** _____

List any course/training (besides certifications/licenses) you have had that would be beneficial to the position you are applying for:

List school, community, and other activities in which you participate and position of leadership held:

Place a check next to those activities you would be able to lead or teach others:

- | | | |
|--|--|---|
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Drama | <input type="checkbox"/> Challenge Course |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Outdoor Adventure | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Canoe Trips | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> OTHER, please List |
| <input type="checkbox"/> Team Games | <input type="checkbox"/> Photography | _____ |

ALL DIABETES PROGRAM STAFF & VOLUNTEERS

How familiar are you with diabetes? Very familiar Moderately familiar Slightly familiar Not at all

Applicant has Diabetes YES NO

Rate your experience in the areas listed below: 1 = No experience 2 = Some experience 3 = Very experienced

____ Blood Testing ____ Carb Counting ____ Hyperglycemia ____ Hypoglycemia ____ Injections
____ Injection Site Rotation ____ Insulin ____ Insulin Pumps ____ Ketoacidosis

ALL DEAF PROGRAM STAFF & VOLUNTEERS

With which of the following do you most closely identify? Deaf HOH KODA Hearing

How strongly are you involved with the Deaf Community? Strong Moderate Slight Not at all

At what level of ASL do you consider yourself? Fluent Above average Average Beginner No ASL

How did you learn sign language? Native Friends/Family Classes Other

How many years have you been signing? _____ Can you serve as an interpreter? Yes No

Do you have any physical or mental limitations that might prevent you from participating in all activities? YES NO

If YES, do you have specific suggestions as to how we could accommodate you? _____

FOR MEDICAL STAFF ONLY

Medical professionals must have malpractice insurance covering your service at camp and submit a copy of your current license with this application.

Are you licensed to practice in the state of Maryland? Yes No

What licenses do you hold in Maryland? _____

What other States are you licensed in? _____

Has your license ever been revoked? ____ YES ____ NO If "yes" please explain: _____

Have you ever been accused of, convicted of, or had deferred adjudication of medical malpractice? ____ YES ____ NO

If YES please explain: _____

EMPLOYMENT, EXPERIENCE, & REFERENCES

Indicate your most recent employment, clinical/field experiences, student teaching, or volunteer positions. Please attach **two professional references**. (References from friends and relatives will not be considered.)

Employer _____ Address _____
(Street) (City) (State) (Zip Code)
Supervisor _____ Phone _____
Position Held _____ Dates of Employment _____
Paid _____ or Volunteer _____ Reason for Leaving _____

Employer _____ Address _____
(Street) (City) (State) (Zip Code)
Supervisor _____ Phone _____
Position Held _____ Dates of Employment _____
Paid _____ or Volunteer _____ Reason for Leaving _____

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Employer _____ Address _____
(Street) (City) (State) (Zip Code)
Supervisor _____ Phone _____
Position Held _____ Dates of Employment _____
Paid _____ or Volunteer _____ Reason for Leaving _____

ADD ADDITIONAL PAGES IF NEEDED

Please explain any gaps in employment history _____

Give an "employee profile" of yourself. Give five words or phrases which best described the type of person you are, and your work habits.

1. _____
2. _____
3. _____
4. _____
5. _____

Are you a U.S. Citizen and/or legally eligible for employment? () YES () NO

All Staff over 18 must have had a physical exam and TB test within the past year. If you are considered for employment, medical forms and fingerprint cards will be mailed to you for completion. Employment is contingent upon satisfactory completion of medical exam and background check.

I understand that employment can be terminated at will by either party with or without cause. I understand that no representative of Lions Camp Merrick has the authority to make any assurances to the contrary.

If I am employed, I agree to read and comply with Lions Camp Merrick rules, regulations and policies. I understand that if hired, I will be expected to participate in all camp program activities.

Signature of Applicant

Date

Signature of Parent/Guardian for minor applicants

Date

LIONS CAMP MERRICK DISCLOSURE STATEMENT

Lions Camp Merrick promotes the safety of children as its highest priority. In order to facilitate this, all staff members are required to complete this Disclosure Statement indicating conviction of any sex crime, and/or any other crime of violence against minors, and an explanation of such charge(s). Copies of this information shall be provided to a designated vendor for completion of a criminal history background check.

Have you ever been accused or charged with, convicted or received a deferred adjudication with respect to any felony or crime involving violence, sexual molestation, sexual abuse, sexual harassment, child abuse, theft, or the distribution and/or trafficking of narcotics and/or controlled substances? () YES () NO

If YES, please describe in detail – year, charge, and result. **Attach additional pages if needed.**

Have you ever had a complaint filed against you or been convicted of any crime of violence against minors, including but not limited to, those listed below? (CIRCLE YES OR NO)

- Indecent assault and battery on a child under 14 years of age _____ YES NO
- Indecent assault and battery on a person 14 years of age or older _____ YES NO
- Indecent assault and battery on a mentally retarded person _____ YES NO
- Rape _____ YES NO
- Rape of a child under 16 years of age with force _____ YES NO
- Assault with intent to commit rape _____ YES NO
- Kidnapping of a child under 16 years of age with intent to commit rape _____ YES NO
- Distribution and trafficking of narcotics or other controlled substances _____ YES NO
- Intent to commit any above crimes _____ YES NO
- Any other crime or alleged molestation involving a minor _____ YES NO

If you answered YES to any of the above, please explain. **Attach additional page (s) if needed.**

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse to a domestic order or protection? () YES () NO If YES, please explain. **Attach additional page (s) if needed.**

Are you subject to any court order involving sexual or physical abuse of a minor, but not limited to, a domestic order or protection? () YES () NO If YES, please explain. **Attach additional page (s) if needed.**

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? () YES () NO () N/A If YES, please explain. **Attach additional page (s) if needed**

I understand that:

The camp may deny employment or service as a staff/volunteer to any person who answers any questions above in the affirmative. In applying for a position, the information that I have furnished on this form is subject to verification, which includes a criminal history background check, and may include a request from any central registry of child abusers.

The camp may terminate employment or voluntary service of any person:

- Found to have a history of complaints of child abuse, sexual or physical abuse, sexual molestation or harassment, distributing and/or trafficking narcotics or controlled substances, violence, theft and/or
- Found to have resigned, been terminated, been asked to resign from a position, whether paid or unpaid, due to complaint(s) of child abuse, sexual or physical abuse, sexual molestation or harassment, distributing and/or trafficking narcotics or controlled substances, violence, theft, and/or
- Found to have a criminal history of child abuse, sexual or physical abuse, sexual molestation or harassment, distributing and/or trafficking narcotics or controlled substance(s), violence or theft.

TO WHOM IT MAY CONCERN: I hereby authorize Lions Camp Merrick and/or its agent (s), bearing this release or copy thereof, to investigate all statements contained in this Application and Disclosure Statement and to perform or engage others to perform a criminal history background check and/or request of any central registry of child abusers. I hereby authorize you to release such information upon the request of Lions Camp Merrick. I release Lions Camp Merrick and all others from liability in connection with the same.

I certify that all statements on or attached to this application and Disclosure Statement are true and correct to the best of my knowledge. I understand that untrue, misleading or omitted information may result in dismissal, regardless of the time of discovery by Lions Camp Merrick.

Signature

Printed Name

Date

(If staff member is under the age of 18)

Parent/Guardian Signature

Date

Lions Camp Merrick fully subscribes to the principles of equal opportunity employment. It is our policy to seek and employ the best-qualified persons in all positions without regard to race, religion, gender, marital status, age, national origin, disability, military service or other legally protected status. This policy of equal opportunity covers all aspects of the employment relationship, including not only the hiring of new employees, but also promotions, transfers, selection for training opportunities and wage and salary administration.)

Lions Camp Merrick
 P.O. Box 56
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 Fax: 301-246-9108

Reference Evaluation

Please fill out the information in Section 1, sign your name in Section 2 and give this form to your former employer. Once completed, ask former employer (reference) to mail/fax to Lions Camp Merrick.

Section 1:

Former/Current Employer's Name and Address

 Phone: _____

Applicant Information

Name _____
 Social Security# _____
 Employed by you from _____ to _____
 Position _____

Section 2:

The above applicant has applied for a position as _____ at Lions Camp Merrick.

This signed statement gives you permission to assist us in correctly evaluating his/her experience and suitability for the position sought. Thank you for completing this form and returning it to us at the above address.

"I have read this evaluation form and hereby give my former or current employer permission to complete it for me. I understand that the information is confidential. I hereby waive any and all rights to see or review the comments furnished by my former or current employer."

Applicant's Signature: _____

CONFIDENTIAL REPORT- PLEASE CHECK THE APPROPRIATE RATING

	Excellent	Good	Fair	Poor	Comments
Quality of Work	()	()	()	()	_____
Quantity of Work	()	()	()	()	_____
Technical Skills	()	()	()	()	_____
Initiative	()	()	()	()	_____
Professional Interest	()	()	()	()	_____
Leadership Ability	()	()	()	()	_____
Loyalty of Employee	()	()	()	()	_____
Character	()	()	()	()	_____
Personality	()	()	()	()	_____
Emotional Health	()	()	()	()	_____
Physical Health	()	()	()	()	_____
Personal Appearance	()	()	()	()	_____

Did applicant terminate of his/her own free will? Yes No
 Has the applicant ever been disciplined? Yes No
 Is this individual accident-prone or has she/he ever made claim for injury? Yes No
 Would you be willing to re-employ this individual? Yes No

Additional Comments:

 Employer's Signature _____ Date _____
 Print name _____ Title _____