

LCM WORK HISTORY:

Have you previously worked for Lions Camp Merrick: ____YES ____NO

If YES, what position and when: _____

If NO, how did you hear about LCM: _____

CAMP SESSION INTEREST:

Paid staff must be available to attend training and work the entire program.

Program Staff and Counselor Training Dates are listed on website when scheduled

What Position(s) are you applying for? Note positions followed by an (*) require certification or license. Age requirements and description of positions are listed on our website, age requirements must be met by June 14th.

<input type="checkbox"/> Program Director	<input type="checkbox"/> Activity Director	<input type="checkbox"/> Arts and Craft	<input type="checkbox"/> Ropes Course*
<input type="checkbox"/> Archery Instructor*	<input type="checkbox"/> Lifeguard*	<input type="checkbox"/> Canoe Instructor*	<input type="checkbox"/> Counselor (18 yrs)
<input type="checkbox"/> Head Cook	<input type="checkbox"/> Assistant Cook	<input type="checkbox"/> Cooks Helper	<input type="checkbox"/> Maintenance Help
<input type="checkbox"/> CIT (17yrs)	<input type="checkbox"/> NP/RN/LPN*		

What licenses / certifications do you currently hold? All licenses and certifications MUST be current through the entire camping season. Please attach copies.

_____ Expiration Date: _____

_____ Expiration Date: _____

_____ Expiration Date: _____

_____ Expiration Date: _____

_____ Expiration Date: _____

List any course/training (besides licenses/certifications) 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 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"/> Canoe Trips	<input type="checkbox"/> Fishing	<input type="checkbox"/> Outdoor Adventure
<input type="checkbox"/> Archery	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Swimming Instruction
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Team Games	<input type="checkbox"/> Photography
<input type="checkbox"/> List Other _____	_____	_____

ALL DIABETIC STAFF PROGRAM STAFF & VOLUNTEERS

How familiar are you with diabetes?

Very Familiar Moderately Familiar Slightly Familiar Not at all Familiar

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 ____ Injections

____ Injection Site Rotation ____ Insulin ____ Insulin Pumps ____ Ketoacidosis

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? _____

EMPLOYMENT, EXPERIENCE AND 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: _____ **Position:** _____
Address: _____ **Phone:** _____
Supervisor: _____ **Dates of Employment:** _____
Paid _____ **or Volunteer** _____ **Reason for Leaving:** _____

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Paid _____ **or Volunteer** _____ **Reason for Leaving:** _____

Please explain any gaps in employment history: _____

Add additional pages if needed

Are you a U.S. Citizen and/or legally eligible for employment? ___YES ___NO
All staff over 18 must have had a physical exam & TB test within the past year. If you are considered for employment medical forms will be mailed along with other paperwork for you to fill out and return to LCM. 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’s rules, regulations and policies. I understand that if hired I will be expected to participate in all camp program activities.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Lions Camp Merrick to verify their accuracy. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature of Applicant: _____ **Date:** _____

Lions Camp Merrick
P.O. Box 56
Nanjemoy, MD 20662

Reference Evaluation: Please fill out the information in Section 1, sign our name in Section 2 and give this form to your former employer. Once completed, ask your former employer to mail this form directly to Lions Camp Merrick

SECTION 1:	
Former/Current Employer's Name & Address _____ _____ _____ Phone: _____	Applicant Information Name: _____ Social Security # _____ Employed from _____ to _____ Position Held _____

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 from 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 _____