



LIONS BEAR LAKE CAMP SUMMER STAFF APPLICATION

Return to: Lions Bear Lake Camp
3409 N. Five Lakes Road
Lapeer, MI 48446
810/245.0726 810/245-0750 FAX

Date of Application _____

Last name	First Name	Middle	Email Address
Current Mailing Address	City	State	Zip
Phone			
Parent/Permanent Address	City	State	Zip
Permanent Phone			
What position are you applying for?	Please provide your T-Shirt size:		Cell Phone
Returning Employee: Yes No	When are you available for employment?		
	From _____ to _____		

Basic Qualifications & Job Functions

Applicants must be 18 years of age before July 1 of the application year with the exception of applicants for waterfront staff.

Job Functions:

1. Able to interact with and supervise children in a rustic environment during a 24-hour, 6 day a week period.
2. Able to assist with physical care of campers which may include personal hygiene, dressing, showering, and/or using the restroom.
3. Able to provide a wholesome environment in which campers experience success
4. Able to maintain a positive example in personal life and daily living situations which demonstrate a loving and positive attitude towards campers and others.
5. Able to carry out duties in hot and humid conditions
6. Possess the stamina to implement the camp program and daily activities over an extended period of time.
7. Able to traverse approximately five miles per day over hilly natural terrain while supervising campers.

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodations?

Yes No

Camp Staff Application cont'd

WORK HISTORY *(List previous employers beginning with most recent)*

Company Name	Supervisor
Address	Phone
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary
Employment Dates (mm/yy): From To	Ending Salary
Reason for leaving	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Supervisor
Address	Phone
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary
Employment Dates (mm/yy): From To	Ending Salary
Reason for leaving	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Supervisor
Address	Phone
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary
Employment Dates (mm/yy): From To	Ending Salary
Reason for leaving	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
College					
Other					

REFERENCES *Give names and addresses of three persons (not relatives) that have knowledge of your character, experience, work habits and ability.*

Name	Address & City	Phone

Camp Staff Application cont'd

CAMP EXPERIENCE: Please list camps attended as camper or staff and position held, also dates

CERTIFICATIONS

In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

____ Life guarding ____ CPR ____ First Aid ____ Nursing ____ Food Handlers permit/Certification ____

CAMP PROGRAM SKILLS

Place a (1) before those activities you would be able to lead and teach others. Place a (2) before those activities you would be able to assist in. Place a "C" before those that you have current certification in.

() Canoeing	() Storytelling	() Song Leading	() Indian Lore
() Row Boating	() Outdoor Cookery	() Swimming	() Aerobics
() Sign Language	() New Games	() Fishing	() Nature Lore
() Play Guitar	() Arts & Crafts	() Archery	() Recreation
() Creative	() Skits and Stunts	() Trees & Flowers	() Hiking
() Camp Fire Programs	() Handicrafts	() Kayaking	() _____

What other skills or specialized training do you think you have that can contribute to the camp program? _____

Answer these questions only if applying for a position requiring driving.

Do you have a valid driver's license? Yes No State _____

Do you have a current chauffeur's-type license? Yes No

Do you have a commercial driver's license? Yes No

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

**Applicant
Signature** _____

Date _____