



COLORADO LIONS CAMP VOLUNTEER PROGRAM

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 (719) 687-7435 - FAX
 Email: coloradolionscamp@msn.com
www.coloradolionscamp.org

The Colorado Lions Camp offers volunteer opportunities to all persons without regard to race, religion, age, sex, color, national origin, citizenship, marital status, sexual preferences, or disability. No questions on this application are intended to secure information to be used for such discrimination. The use of this form does not mean there are positions open and does not obligate us in any way.

Last Name	First	Middle	Today's Date
Current Address		City	State Zip
Current Telephone/Cell		Email Address	
Are you over the age of 14 years: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a crime or pled guilty to a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to perform all of the functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you require any accommodations to be able to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____ _____ Why are you interested in volunteering for the Colorado Lions Camp ? _____ _____			
List the shifts you would like to work: _____ Morning _____ Evenings List the hours you would like to work: _____ Per week _____ Per month _____ Afternoons _____ Weekends			

EDUCATION:

School	Name and location of school	Course of study	Number of years completed	Did you graduate	Degree or diploma
Graduate					
College					
High School					
Other					

EMPLOYMENT:

1	Company Name	Telephone
	Address	Employed from _____ to _____ month and year
	Job Title	Name of supervisor
2	Company Name	Telephone
	Address	Employed from _____ to _____ month and year
	Job Title	Name of supervisor
3	Company Name	Telephone
	Address	Employed from _____ to _____ month and year
	Job Title	Name of supervisor

PERSONAL REFERENCES: List below the names and complete addresses of three persons who will complete a reference for you. Ask them to mail the enclosed form to Colorado Lions Camp. Family members may not be used as references.

Name	Address	City, State, Zip	Phone Number	Relationship

Membership in professional, student or service organizations, and leadership positions held: (May exclude those, which disclose your race, color, religion, or national origin.)

PERSONAL CAMP EXPERIENCE: (Use extra paper as necessary)

<input type="checkbox"/> Camper	<input type="checkbox"/> Counselor	Where:	Number of years:
Experience with disabled individuals:			
How did you find out about Colorado Lions Camp:			

CERTIFICATIONS AND EXPERIENCE: (Include copies of any certifications, which may apply.)

Sign Language:	<input type="checkbox"/> None to Beginner	<input type="checkbox"/> College Course
	<input type="checkbox"/> Moderate Experience	<input type="checkbox"/> Fluent
What type:	<input type="checkbox"/> ASL	<input type="checkbox"/> PSE <input type="checkbox"/> SEE
Swimming:	<input type="checkbox"/> Non-swimmer or beginner	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Strong swimmer	<input type="checkbox"/> Teaching experience
	<input type="checkbox"/> Water Safety Instructor	<input type="checkbox"/> Life Guard Certification
Boating:	<input type="checkbox"/> None to beginner	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Red Cross Canoe Instructor	<input type="checkbox"/> Red Cross Canoe Instructor/Trainer
Archery:	<input type="checkbox"/> None to beginner	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Advanced	<input type="checkbox"/> Teaching Skills
	<input type="checkbox"/> AAA Certification	
CPR:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> American Heart Association
First Aid:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other _____
Ropes Course:	<input type="checkbox"/> None to beginner	<input type="checkbox"/> Moderate experience

ABILITIES AND INTERESTS: (1-some experience 2-very skilled 3-leadership ability)

Equipment:	Nature Crafts	Recreation and Athletics
___ Sound Systems	___ Animal Care	___ Basketball
___ Camera	___ Astronomy	___ Soccer
___ Other _____	___ Fishing	___ Softball
	___ Gardening	___ Volleyball
	___ Nature games and activities	___ New games
Arts and Crafts	___ Paper making	___ Circle games
___ Clay	___ Overnight camping	___ Adaptive games
___ Leather	___ Other _____	___ Other _____
___ Candle making		
___ Weaving	Center Stage	
___ Other _____	___ Drama (skits)	
	___ Puppetry	
Program	___ Pantomime	
___ Campfire (songs and skits)	___ Other _____	
___ Indian Lore		

MISSION STATEMENT:

The primary purpose of the Colorado Lions Camp shall be to provide a recreational, outdoor camp for physically disabled, hearing and/or vision impaired and developmentally delayed children and adults, regardless of race, religion or national origin. Our goal is to create an atmosphere in which campers will gain self-confidence and self-esteem while being allowed to succeed in achieving personal growth.

SIGNATURE:

I understand that I am applying for a volunteer position with a non-profit organization with a mission to support vulnerable youth and/or adults. I will be expected to work directly and/or indirectly with the special needs community.

I understand that, if hired by Colorado Lions Camp, I will be expected to represent a good role model to program participants, especially campers, demonstrating respect for individuals and property, responsibility and good judgment, decorum, politeness, modesty and refraining from abusive and profane language. I understand that the Colorado Lions Camp is an alcohol-free and drug-free facility and that possession or use of such products on Colorado Lions Camp property will be cause for immediate dismissal. I understand the use of tobacco products is prohibited while on duty. In addition, I have the responsibility to support the mission, goals and objectives of the Colorado Lions Camp, to provide a quality camping experience for children and adults with special needs.

I am advised that an investigative report will be requested for applicable information concerning my character, general reputation and personal characteristics. Such report will be sought through prior employers and/or appropriate law enforcement agencies. You must provide, at my request, the name of the agency so that I may obtain from them the nature and substance of the information contained in the report.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that I am applying for a volunteer, non-paid position in the camp. I do not expect monetary compensation of any kind.

Signature

Date

CHECK LIST - Have you completed all of the following?

- Application
- Reference Forms (3)