



# COUNSELOR APPLICATION

Director with Responsibility for Counselors and Curriculum  
Lisa Perez, 1401 S. Harbor Blvd, #11C, La Habra, CA 90631

## 2018 INFORMATION FOR PROSPECTIVE EMPLOYEES

Camp Session – Sunday July 22<sup>nd</sup> – Saturday, July 28<sup>th</sup>, 2018

Camp Pacifica is located in the lower Sierra Nevada Mountains, between Oakhurst and Mariposa on Hwy 49, 18 miles south of Mariposa and 9 miles north of Oakhurst, and 56 miles from Fresno. Camp Pacifica is situated on of 52 acres in the lower edges of the mountain forest and includes a large number of oak and pine trees. The camp has a capacity of about 125 children, 7-15 years of age, and camp activities include: swimming, archery, canoeing, air rifle, horseback riding, drama, arts and crafts, dancing, challenge course, sports, games and an occasional special event. All activities are geared toward developing and providing self-confidence.

Camp Pacifica offers young adults a very real opportunity to help with the physical, social, and character growth of children. The directors are seeking prospective staff members who are genuinely concerned with helping children have a wonderful camp experience, and help with the best ways of living with others. Staff members must be willing to work under outdoor conditions with long and varied hours. This camp is located on a mountain ranch and the entire group, campers and staff work together with chores. Our goal is to provide our campers with the MOST FUN they have ever had in a safe environment, away from many of the elements found in today's society.

### Employment Period:

Please check the website for the current season's dates.

### Salary Offerings:

California Lions Camp offers salaries comparable to or above those paid by other camps in California.

For the 2018 season, salary for a beginning staff member with no experience will be \$210.00 per week. \$150.00 in cash and \$60.00 which represents the value established by the State of California for room and board received.

### Additions are made for the following situations:

#### FIGURE YOUR OWN SALARY

(Basic rate per week) \$150.00

#### Extras or Add-ons:

Completion of A.A. Degree	\$11.00
Bachelors Degree	\$21.00
Masters Degree	\$37.00
Returning Staff	\$11.00
Returning for 3 or more years	\$27.00
Program Staff certification or equivalent in in one or more of the following: Archery, Arts & Crafts, Challenge Ropes Course, Drama, Horseback Riding, Informal Games, Lifeguard, Riflery, Swimming, Water Safety Instructor and Other.	\$27.00
# @ \$27 = _____	

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#### CASH TOTAL

\$ \_\_\_\_\_

Implied Compensation for Room and Board (NON-CASH)

\$ 60.00

Total Salary for one week

\$ \_\_\_\_\_

**INTERVIEW REQUIRED:** Applicants for all staff positions must be available for an interview by the director. These will be arranged in various locations around the state in April and May and by video. Occasionally interviews are conducted by phone. You may be asked to send videotape demonstrating your signing skills. Be sure that your application form is completely filled out and all supporting documents have been received prior to the interview. Be aware that you will be fingerprinted for the job, once you are hired or in a volunteer position.



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## CALIFORNIA LIONS CAMP EMPLOYMENT INFORMATION

Circle one of the following you are applying for:

▪ Staff (Ages 18 or older) ▪ Volunteer \*\* **All Staff please send a photo of yourself** Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_ Sex \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Circle Adult Shirt Size: SM M L XL XXL

Driver's License? \_\_\_\_ Yes \_\_\_\_ No State \_\_\_\_ Number \_\_\_\_\_

**\*Please check the website for the current seasons dates**

**\*Please Check the following information:**

\_\_\_\_ Deaf Camp Staff Orientation

I am :Deaf \_\_\_\_ Hard of Hearing \_\_\_\_ Hearing \_\_\_\_

**Camp Orientation is required for employment:**

Communicate using? ASL \_\_\_\_ PSE \_\_\_\_ SEE \_\_\_\_

\_\_\_\_ Camp session 1

Speaks \_\_\_\_\_

\_\_\_\_ Camp session 2

Rate your skills using ASL  
Fluent . . . . . Non

INDICATE POSITIONS BELOW FOR WHICH YOU WISH TO BE CONSIDERED  
INDICATE FIRST (1), SECOND (2), THIRD (3) CHOICE:

- |                                |                                  |                          |
|--------------------------------|----------------------------------|--------------------------|
| ____ General Staff             | ____ Water Safety Instructor     | ____ Riflery Instructor  |
| ____ Informal Games Instructor | ____ Arts & Crafts Instructor    | ____ Swimming Instructor |
| ____ Drama Instructor          | ____ Lifeguard                   | ____ Archery Instructor  |
| ____ Ropes Course Instructor   | ____ Horseback Riding Instructor | ____ Other _____         |
| ____ Cleaning Crew             | ____ BMX Bike Instructor         |                          |

Do you hold Certifications for any of the positions listed above :  Yes  No IF YES, please complete the following:  
If you do not hold current certification attach documentation of your training or experience.

Type of Certification	Certification Number	Date Received	Date Expires

Please indicate from the activity choices below those you may be interested in leading or assisting:



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(Please put **L** for leading and an **A** for assisting)

- |   |   |  |   |  |
|---|---|--|---|--|
| <u>Outdoor</u><br>___ Ropes Course<br>___ Maps & Compass<br>___ Ropes & Knots<br>___ Tent Camping<br>___ Riflery<br>___ Archery<br>___ Hiking<br>___ Canoeing<br>___ Forestry | <u>Drama</u><br>___ Skits<br>___ Costumes & Props<br>___ Story Telling<br>___ Mime<br>___ Magic<br>___ Nature<br>___ Birds & Insects<br>___ Animals<br>___ Beadwork | <u>Arts &amp; Crafts</u><br>_ Basketry<br>___ Ceramics<br>___ Jewelry<br>___ Leather Work<br>___ Painting<br>___ Tie-Dying<br>___ Weaving<br>_ Woodwork<br>___ Track & Field | <u>Sports</u><br>_ Basketball<br>___ Volleyball<br>___ Badminton<br>___ Fishing<br>___ Horseback Riding<br>___ Informal Games<br>___ Ping Pong<br>_ Softball<br>Other _____ | <u>Miscellaneous</u><br>_ Emergency Response<br>___ Evening Programs<br>___ Camp Fire Program<br>___ Scheduling<br>___ Computers<br>___ Photography<br>___ Newsletters |
|---|---|--|---|--|

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you are applying?  
 \_\_\_\_\_ YES    \_\_\_ NO    If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

Dates	School	Major Subjects	Degree Granted

**Past Employment**

Dates	Employer	Supervisor	Phone	Nature of Work
			(   )	
			(   )	
			(   )	

**Camp Experience**

Dates	Employer	Supervisor	Nature of Work	Wages

References (Give names/addresses of 3 persons (not relatives or camp personnel) having knowledge of your character, experience, and ability).

Relationship	Name/Address	Phone
		(   )
		(   )
		(   )

Do you consume alcoholic beverages? \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Seldom \_\_\_\_\_ Never

Do you smoke?     Yes         No

Have you ever been convicted of a crime including sex related or child abuse?     Yes                       No

Are you legally able to be employed in the U.S.?     Yes                       No

Are you available for an interview?     Yes     No

**INCLUDE WITH YOUR APPLICATION TWO LETTERS OF RECOMMENDATION**



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I have read the job resume and understand what is required of the California Lions Camp employee. I understand that camp work is difficult, requiring many hours each day and adherence to the camp polices. These policies may limit one's normal routine such as curfews, dating, time off, smoking, alcohol consumption, and privacy.

**There is a dress code. Tennis shoes, T shirts and shorts that reach past finger tips.** I feel I can cope with the responsibilities of caring for deaf or visually impaired campers and also campers with multiple disabilities. I authorized investigations of all statements herein and release the camp and all others from liability in connections with same. I understand that, if employed I will be at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp I also understand that untrue misleading or omitted information herein may result in dismissal regardless of the time of discovery by the camp. Employment requires fingerprinting and DOJ clearance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
All statements become part of future employee personnel files.

This form has been drafted to comply with federal employment laws, however, the CALIFORNIA LIONS CAMP assumes no responsibility or liability for the use of this form.

## STAFF HEALTH AND MEDICAL RECORD

Name: \_\_\_\_\_ Date \_\_\_\_\_

### Persons to contact for medical Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Other information \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Other information \_\_\_\_\_

## HEALTH AND MEDICAL INSURANCE

Name of Insurance Company \_\_\_\_\_

POLICY IN THE NAME OF \_\_\_\_\_

POLICY NUMBER (S) \_\_\_\_\_

## HEALTH HISTORY

DATE OF MOST RECENT PHYSICALEXAM: \_\_\_\_\_

ARE YOU AWARE OF ANY HEALTHPROBLEMS? YES NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## STAFF HEALTH AND MEDICAL RECORD (continued)

ARE YOU UNDER MEDICAL CARE AT THIS TIME?       YES       NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

ARE YOU TAKING ANY MEDICATIONS AT THIS TIME?       YES       NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

YOUR POSITION AT CAMP MAY REQUIRE STRENUOUS PHYSICAL ACTIVITY, ARE THERE ANY RESTRICTIONS OF PHYSICAL ACTIVITY FOR MEDICAL REASONS?       YES       NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

HAVE OR SUBJECT TO: (Check if Yes)

- Asthma    Fainting Spells    Convulsions    Heart Trouble    Diabetes (type ) \_\_\_\_\_
- swimming or sport restrictions    Allergy or reaction to any medications    other (describe): \_\_\_\_\_

Circle here if none of this above applies •

**LAST DATE A TETANUS INNOCULATION WAS TAKEN?** \_\_\_\_\_

SPECIAL DIETARY NEEDS? \_\_\_\_\_ VEGETARIAN?   • YES   • NO

HAVE YOU EVER REQUIRED PSYCHIATRIC COUNSELING OR HOSPITALIZATION?   • YES   • NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BASED UPON HEALTH AND MEDICAL INFORMATION PROVIDED BY YOU, THE CALIFORNIA LIONS CAMP MAY REQUIRE THAT YOU HAVE A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN OR A PERSON LICENSED TO PROVIDE MEDICAL INFORMATION AND ASSESSMENT.

**AUTHORIZATION: (Read and Sign):** To the best of my knowledge, the information contained on this form is accurate and complete. In the event that I am unable to give permission to perform medical procedures, I give the California Lions camp, Inc. or such substitutes as they may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the below person which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and surgeon or dentist, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, at Camp Pacifica or elsewhere.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



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**THIS PART OF THE FORM IS TO BE COMPLETED ONLY IF THE CALIFORNIA LIONS CAMP REQUIRES A PHYSICAL EXAM. TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN OR PERSON LICENSED TO PROVIDE MEDICAL INFORMATION AND ASSESSMENT.**

## Physical Examination

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ B.P. \_\_\_\_\_ With glasses R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

- |            |   |                         |   |                          |   |                           |   |
|------------|---|-------------------------|---|--------------------------|---|---------------------------|---|
| 1. Eyes    | • | 7. Thyroid              | • | 12. Abdomen              | • | 17. Skin (acne and scars) | • |
| 2. Ears    | • | 8. Lymph nodes          | • | 13. Hernia               | • | 18. Reflexes              | • |
| 3. Hearing | • | 9. Chest (gynecomastia) | • | 14. Genitalia (maturity) | • | 19. Pilonidal sinus       | • |
| 4. Nose    | • | 10. Heart               | • | 15. Extremities (joints) | • | 20. Speech                | • |
| 5. Throat  | • | 11. Lungs               | • | 16. Skeletal (scoliosis) | • | 21. Emotional adjustment  | • |
| 6. Teeth   | • | 22. Other               |   |                          |   |                           |   |

Required Tests: Urinalysis - Sugar? \_\_\_\_\_ Albumin? \_\_\_\_\_

If indicated: Blood count \_\_\_\_\_ Chest plate \_\_\_\_\_ Tine Test \_\_\_\_\_

Should be restricted from: \_\_\_\_\_

Individual is susceptible (or allergic) to: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

## Physician's Assessment

This person appears to be fit to participate in:

Camping and Hiking \_\_\_\_\_ Water Sports \_\_\_\_\_ Competitive sports \_\_\_\_\_

**This person may request transportation assistance from Angel Flight. Please confirm that this patient is medically stable and may fly in a small non-pressurized aircraft. YES • NO •**

**Please indicate the applicants:** Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## REVIEWED BY ADULT LEADER:

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

## REVIEW FOR CAMP OR SPEICAL ACTIVITY

Reason \_\_\_\_\_ Date \_\_\_\_\_ Screened by \_\_\_\_\_

\_\_\_\_\_ OK Recheck by physician needed