



**INFORMATION FOR PROSPECTIVE EMPLOYEES
2011 Season**

Camp Pacifica is located in the lower Sierra Nevada Mountains. It is a camp for about 125 boys and girls from 7 to 17 years of age. The largely wooded campsite consists of more than 52-acres. Camp activities include: swimming, archery, canoeing, riflery, horseback riding, drama, arts and crafts, dancing, sports and games. All activities are geared toward developing and providing self-confidence. We also have special events such as Lions Day, night dances, and a variety of other special activities.

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:

The following dates are for the 2011 season.

Staff Orientation Wednesday, July 20th – 22nd (Staff Orientation is required by all hired Staff to attend)

Session 1, July 25 - 30th (arriving the July 24th, leaving the 30th)

Session 2, August 1st -August 7th (arriving July 31th, leaving August 8th)

There is a dress code. Tennis shoes except at pool, T shirts and shorts that reach past finger tips.

Salary Offerings for the 2011 Season

California Lions Camp offers salaries comparable to or above those paid by other camps in California. For the 2011 season, salary for a beginning staff member with no experience will be \$200.00 per week. \$140.00 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)	\$140.00
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Extras or Add-ons:

Completions of A.A. Degree	\$10.00
Bachelors Degree	\$20.00
Masters Degree	\$35.00
Returning Staff	\$10.00
Returning for 3 or more years	\$25.00
Program Staff certification or equivalent	\$25.00
in one or more of the following: Horseback Riding, Canoeing, Lifeguard, Water Safety Instructor, Swimming Instruction, Fishing, Arts and Crafts, Nature, Maps and Compass, Orienteering, Drama, Gymnastics, Dance, Informal games, Riflery, and Archery.	

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.

**CALIFORNIA LIONS CAMP
EMPLOYMENT INFORMATION**
Director with Responsibility for Counselors and Curriculum
Lisa Perez, 861 Glenclyff St #101, La Habra, CA 90631

Check which of the following you are applying for:

Staff (Ages 18 or older) Volunteer ** All Staff please send a photo of yourself

Date of application _____ Date of Birth _____ Age at Camp _____ Sex _____ Circle Adult Shirt Size: SM M L XL XXL

Name _____ Social Security Number _____

Permanent Address _____ Phone _____
Street & Number City State ZIP Area/Number

Email _____

Driver's License? ___ Yes ___ No State _____ Number _____

Camp Orientation is required for employment:	Please Check the following information:
<input type="checkbox"/> July 20th – 22nd Deaf Camp Staff Orientation	I am: Deaf _____ Hard of Hearing _____ Hearing _____ Communicate using? ASL _____ PSE _____ SEE _____ Speaks _____
<input type="checkbox"/> July 24th – July 30th Camp session 1	Rate your skills using ASL Fluent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None
<input type="checkbox"/> July 31st – August 7th Camp Session 2	

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

- | | | |
|--|--|--|
| <input type="checkbox"/> General Staff | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Riflery Instructor |
| <input type="checkbox"/> Informal Games Instructor | <input type="checkbox"/> Arts & Crafts Instructor | <input type="checkbox"/> Swimming Instructor |
| <input type="checkbox"/> Drama Instructor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Archery Instructor |
| <input type="checkbox"/> Gymnastic Instructor | <input type="checkbox"/> Horseback Riding Instructor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cleaning Crew | <input type="checkbox"/> Fishing Instructor | |

Do you hold Certifications for any of the positions listed above : Yes No IF YES please complete the following:

Type of Certification	Certification Number	Date Received	Date Expires

If you do not hold current certification attach documentation of your training or experience.

Please indicate from the activity choices below those you may be interested in leading or assisting:
 (Please put **L** for leading and an **A** for assisting)

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

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	Phone
		()
		()
		()

Do you consume alcoholic beverages? Daily Weekly Seldom Never

Do you smoke? Yes No

Have you ever been convicted of a crime in which a child was the victim? Yes No

Are you available for an interview? Yes No

INCLUDE WITH YOUR APPLICATION TWO LETTERS OF RECOMMENDATION

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 policies. These policies may limit one's normal routine such as curfews, dating, time off, smoking, alcohol consumption, and privacy.
2011 - 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 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 PHYSICAL EXAM: _____

ARE YOU AWARE OF ANY HEALTH PROBLEMS? YES NO

If yes, explain _____

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 POSTION 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): _____
- _____ Check 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 HOSPITALZTION? YES NO

If yes, explain _____

BASED UPON HELATH AND MEDICAL INFORMATIN PROVIDED BY YOU, THE CALIFORNIA LIONS CAMP MAY REQUIRE THT YOU HAVE A PHYSICAL EXAMINATION BY A LICENSED PHYSICAN OR A PERSON LICENSED TO PROVIDE MEDICAL INFORMATION AND ASSESSMENT.

AURTHORIZATION: (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 _____

THIS PART OF THE FORM IS TO BE COMPLETEED ONLY IF THE CALIFORNIA LIONS CAMP REQUIRES A PHYSICAL EXAM. TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICAN 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 | <input type="checkbox"/> | 7. Thyroid | <input type="checkbox"/> | 12. Abdomen | <input type="checkbox"/> | 17. Skin (acne and scars) | <input type="checkbox"/> |
| 2. Ears | <input type="checkbox"/> | 8. Lymph nodes | <input type="checkbox"/> | 13. Hernia | <input type="checkbox"/> | 18. Reflexes | <input type="checkbox"/> |
| 3. Hearing | <input type="checkbox"/> | 9. Chest (gynecomastia) | <input type="checkbox"/> | 14. Genitalia (maturity) | <input type="checkbox"/> | 19. Pilonidal sinus | <input type="checkbox"/> |
| 4. Nose | <input type="checkbox"/> | 10. Heart | <input type="checkbox"/> | 15. Extremities (joints) | <input type="checkbox"/> | 20. Speech | <input type="checkbox"/> |
| 5. Throat | <input type="checkbox"/> | 11. Lungs | <input type="checkbox"/> | 16. Skeletal (scoliosis) | <input type="checkbox"/> | 21. Emotional adjustment | <input type="checkbox"/> |
| 6. Teeth | <input type="checkbox"/> | | | | | | |

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