

## **Colorado Lions Camp Volunteer Application**

P.O. Box 9043, Woodland Park, CO 80866 (719) 687-2087 (Office) (719) 687-7435 (Fax)
Email: enewport@coloradolionscamp.org

www.coloradolionscamp.org

(REV. 12/18)

The Colorado Lions Camp is dedicated to providing equal employment and volunteer opportunities to all individuals based on job-related qualifications and ability to perform a job, without regard to age, sex, race, color, religion, creed, citizenship, ancestry, sexual orientation, gender expression, marital status, veteran status, national origin, disability or any other protected classification. It is our policy to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds.

## Personal:

| Last Name First  | Middle  | Area Code – Telephone No.   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
|  |   |   |  |  |  |  |  |
| Present Address (Number Street, City, State & Zip Code   |   | Email Address   |  |  |  |  |  |
|  | 7.1.1.1   |   |  |  |  |  |  |
| Permanent Address  | Telephone #   |   |  |  |  |  |  |
| Parent/Legal Guardian (for minors)   | Telephone #   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Emergency Contact #1 Name  | Telephone #   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Emergency Contact #2 Name  | Address   | Telephone #   |  |  |  |  |  |
| Table Co. College  | White days are the William and of                                 | Fighting to the second of the |  |  |  |  |  |
| T-shirt Size: Circle one:  | If hired, can you provide sufficient proof of a work in the U.S.? | Pligibility to Do you have a valid Driver's License? Y/N  |  |  |  |  |  |
| XS S M L XL 2XL 3XL  | ☐ Yes ☐ No  | Number State  |  |  |  |  |  |
| For what position are you applying (Choice 1)  | For what position are you applying (Choice 2                      |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| How did you learn about our program? Have you ever voluntee  |   | unteered or worked for the Colorado Lions Camp?   |  |  |  |  |  |
|  | Yes No If   | Yes, when?  |  |  |  |  |  |
| Age: Check one statement below:  | Sex: Check one:   |   |  |  |  |  |  |
| I am 15 years of age or older  | ☐ Male  |   |  |  |  |  |  |
| I am 18 years of age or older  |   | ماه   |  |  |  |  |  |
| Tam 18 years of age of older   |   |   |  |  |  |  |  |
| Do you need special accommodations in order to perform the position you are being considered?  |   |   |  |  |  |  |  |
| ☐ Yes ☐ No   |   |   |  |  |  |  |  |
| If so please describe:   |   |   |  |  |  |  |  |
| Have you ever been convicted of a criminal offense? Criminal offense includes felony or misdemeanor offenses, child abuse,   |   |   |  |  |  |  |  |
| unlawful sexual offense, traffic violations within the last five years, or military offenses. Conviction includes a guilty verdict, plea, probation, suspended sentence or fine, but does not include a referral to or participation in a pre-or post-trial criminal diversion |   |   |  |  |  |  |  |
| program. Please be advised, all staff and volunteers will be required to complete the criminal background check as part of the   |   |   |  |  |  |  |  |
| hiring process.  |   |   |  |  |  |  |  |
| Yes No If Yes, state nature and disposition of case:   |   |   |  |  |  |  |  |

| Education       | :  |                |                                |                           |                          |                   |  |
|-----------------|--|----------------|--------------------------------|---------------------------|--------------------------|-------------------|--|
| School          | Name & Location of school  |                | Course of study<br>(Major)     | Number of years completed | Did you<br>graduate      | Degree or diploma |  |
| Graduate        |  |                |                                | ·                         |                          |                   |  |
| College         |  |                |                                |                           |                          |                   |  |
| High School     |  |                |                                |                           |                          |                   |  |
| Other           |  |                |                                |                           |                          |                   |  |
| Courses relat   | ted to individuals with disabil  | ities:         |                                |                           |                          |                   |  |
| nature and o    | References: Three letters on may be personal (no relat newport@coloradolionscamp | ives). Compl   |                                |                           |                          |                   |  |
| Name            | Address  |                |                                | Phone Number              | one Number Relationship  |                   |  |
| 1.              |  |                |                                |                           |                          |                   |  |
| 2.              |  |                |                                |                           |                          |                   |  |
| 3.              |  |                |                                |                           |                          |                   |  |
| _               | Medical Insurance:   |                |                                |                           |                          |                   |  |
| Name of Cor     | mpany:   | Name o         | f Insured:                     | Policy and Gr             | Policy and Group Number: |                   |  |
|                 | Camp Experiences: (Attack  |                | as necessary)<br>Vhere:        |                           | Number of                | years:            |  |
| Summarize yo    | ur experience of working with in   | dividuals with | disabilities or special needs: |                           |                          |                   |  |
|                 | ons and Experience: (Incl  | ude copies o   | any certifications that may a  | apply.)                   |                          |                   |  |
| Sign Language   | :: None  |                | Beginner                       | ☐ Fluent                  |                          |                   |  |
|                 | College C  | Course         | ☐ Moderate experience          |                           |                          |                   |  |
| Type:           | ☐ ASL  | PSE            | SEE                            |                           |                          |                   |  |
| Swimming:       | ☐ Non-swi  | mmer           | Beginner                       | Life Gua                  | Life Guard Certification |                   |  |
|                 | ☐ Modera   | te             | Strong Swimmer                 |                           |                          |                   |  |
|                 | ☐ Teaching   | g experience   | ☐ Water Safety Instructor      |                           |                          |                   |  |
| CPR:            | Red Cros   | S              | American Heart Association     | on Other_                 |                          |                   |  |
| First Aid:      | Red Cros   | S              | Other                          | <del></del>               |                          |                   |  |
| Other certifica | ations that are relevant to volunt   | eering:        |                                |                           |                          |                   |  |

## **Employment or volunteer experience:** Please list the most recent below. "See Resume" is not an acceptable description of duties.

| I/we hereby give permission for to volunteer for the Colorado Lions Camp. |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| Parent/Guard  | dian Authorization and signature for   | volunteers under the age o   | of 18:  |   |  |  |
| Date  | Signature  |  |   |   |  |  |
| 5. I understand be terminated   | d and agree that if I am hired, I will confo<br>with or without cause, at any time, at th<br>ms and conditions of my volunteer positi  | rm to the rules and regulations<br>e option of either the company  | of Colorado Lions Car   |   |  |  |
| program partic<br>politeness, mo<br>facility and tha<br>of tobacco pro    | d that, if I am granted a volunteer opport<br>cipants, especially campers, demonstratir<br>desty and refraining from abusive and pr<br>t possession or use of such products on C<br>ducts is prohibited while on duty. In add<br>provide a quality camping experience fo | g respect for individuals and pr<br>ofane language. I understand t<br>Colorado Lions Camp property v<br>ition, I have the responsibility t | operty, responsibility hat the Colorado Lion vill be cause for imme o support the mission | and good judgment,<br>s Camp is an alcohol-<br>diate dismissal. I und | decorum,<br>free and drug-free<br>derstand the use |  |
|   | d and agree that any volunteer offer is co<br>an acceptable driving record.  | ntingent on acceptable proof o   | f my eligibility to wor   | k in the United States  | and for certain                                    |  |
| investigative re<br>authorize Colo<br>leaving and rec                     | d and agree that any volunteer offer is co<br>eport will be requested for applicable info<br>rado Lions Camp to contact all previous e<br>cord of performance. I hereby release my<br>e resulting therefrom.   | ormation concerning my charac<br>employers or volunteer contacts   | ter, general reputatio<br>s to furnish all pertine  | n and personal chara<br>nt information, such                          | cteristics. I<br>as my reason for                  |  |
| application as consideration a knowingly and                              | d that all statements and answers are tru<br>well as any other information provided in<br>and, any false statements or omissions of<br>willfully makes a false statement of any in<br>03, C.R.S., and upon conviction thereof, s   | interviews, and that, if discove<br>information in this application<br>material fact or thing in the app                                   | ered during the application will be sufficient caus                                       | ation process, will dis<br>e for discharge. Any                       | qualify me from applicant who                      |  |
|   | Applicant Ack  | nowledgement (Read ca  | refully before signir   | ng)   |  |  |
| DESCRIPTION OF DUTI   | ES:  |  | SUPERVISED  |   |  |  |
| NO. OF MONTHS   | CITY, STATE & ZIP  | TELEPHONE NO.  | NO. OF PEOPLE YOU   | REASON FOR LEAVING  | \$   |  |
| (month/year) TO (month/year)  | ADDRESS  | TITLE OF YOUR SUPERVISOR   | POSITION ON LEAVING   |   | \$<br>FINAL SALARY                                 |  |
| FROM  | COMPANY  | NAME OF SUPERVISOR   | STARTING POSITION   |   | STARTING SALARY                                    |  |
| DESCRIPTION OF DUTI   | EES:   | •  | I   | 1   |  |  |
| NO. OF MONTHS   | CITY, STATE & ZIP  | TELEPHONE NO.  | NO. OF PEOPLE YOU<br>SUPERVISED   | REASON FOR LEAVING  | \$   |  |
| TO (month/year)   | ADDRESS  | TITLE OF YOUR SUPERVISOR   | POSITION ON LEAVING   | SITION ON LEAVING   |  |  |
| FROM<br>(month/year)  | COMPANY  | NAME OF SUPERVISOR   | STARTING POSITION   |   | STARTING SALARY                                    |  |
| DESCRIPTION OF DUTI   | EES:   |  |   |   |  |  |
| NO. OF MONTHS   | CITY, STATE & ZIP  | TELEPHONE NO.  | NO. OF PEOPLE YOU<br>SUPERVISED   |   |  |  |
| TO (month/year)   | ADDRESS  | TITLE OF YOUR SUPERVISOR   | POSITION ON LEAVING   |   | FINAL SALARY                                       |  |
| (month/year)  | COMPANY  | NAME OF SUPERVISOR   | STARTING POSITION   |   | \$   |  |

## Getting to know you: Tell us a little bit about who you are. Ex. Hobbies, Interests, Passions, Goals, etc. What contributions do you think you can make at the Colorado Lions Camp? What do you hope to get out of your time volunteering at the Colorado Lions Camp?