



APPLICATION FOR TEMPORARY POSITION (Camp Counselor)

Name _____ Male/Female
First Middle Initial Last (circle)

Address _____ City/State/Zip _____

School Attending _____ Birth Date _____

Telephone _____ Cell Phone _____ Email _____

EMERGENCY CONTACT OR HOST FAMILY: NAME – RELATIONSHIP – WISCONSIN PHONE #

Describe briefly why you want to participate as a volunteer in the Wisconsin Lions International Youth Camp, and what you would be able to share with others.

1. Do you speak any foreign languages? (If yes, specify) _____

2. Have you had previous experience dealing with people from foreign countries? (If Yes, explain) _____

3. Can you swim? _____ What water certifications do you have? _____

4. Are you Certified in: CPR _____ First Aid _____ WSI _____ Other _____

5. Circle areas of interest: Arts & Crafts Drama/Stage Crafts Music Sports/Games

6. What volunteer/teaching experience do you have (list positions held and responsibilities): _____

7. Will you be able to participate in all games and water activities? (If no, explain) _____

Please list a personal unrelated reference which we can contact in connection with this application:

Name City/State Phone

SHIRT SIZE: () Small () Medium () Large

I have read the Lions Youth Exchange Counselor Handbook and am willing to abide by the rules _____
Signature _____ Date _____

SEND TO : Ben August, 6059 Portage Road, DeForest, WI 53532 ben@klicksights.com