



# WISCONSIN LIONS CAMP

A Project of the Wisconsin Lions Foundation, Inc.



3834 County Road A • Rosholt, Wisconsin 54473  
715-677-4969 • Fax: 715-677-3297 • VP: 715-952-5703  
[www.wisconsinlionscamp.com](http://www.wisconsinlionscamp.com)

Thank you for considering the opportunity to be part of our Counselor-In-Training (CIT) program. The Wisconsin Lions Camp is a non-profit residential camp program working with youth and adults with disabilities. You will have the opportunity to work with youth with disabilities, learning and developing skills during a hands-on experience at Camp from **July 2-14, 2017 or July 30-August 11, 2017**. While working with others you will create a positive camping experience and gain valuable knowledge for a future summer position at the Wisconsin Lions Camp. We will only be accepting five CITs for each session for this experience and are looking for CIT's who are energetic, creative, and willing to work hard to be future staff.

Please start by:

1. Completing the application and background check form and returning both to the address on the letterhead.
2. Completing the top section of each reference form and then sending it to the person who will be completing the form. Including a stamped envelope addressed to the Wisconsin Lions Camp is recommended as a courtesy to the person completing the form.
3. **The cost for this program is \$350**, which will cover all meals, housing, staffing and activities. The \$350 fee will not be invoiced until after you've been accepted to the program and you've accepted your place. It must be paid before the session starts.
4. **Applications received after April 3, 2017 will not be considered.**

Upon receiving your application, it will be reviewed and when we receive your reference forms, an interview will be arranged. A personal interview will be arranged – either held at the Wisconsin Lions Camp or another place that we can meet you. If we are unable to conduct a personal interview, we will conduct one via Skype or phone. There are limited spaces for this program, so be sure to send in your application early.

Thank you for considering this opportunity at the Wisconsin Lions Camp! Please contact me with any questions or concerns you may have about this program.

Sincerely,

Andrea Yenter  
Camp Director  
[ayenter@wisconsinlionscamp.com](mailto:ayenter@wisconsinlionscamp.com)  
715-677-4969 ext. 319



*Providing children and adults with disabilities an adventure that lasts a lifetime.*

**Wisconsin Lions Camp  
2017 Summer Camp Schedule**

Staff will work either all summer, block one or block two. With the transition in staff, we have a mid-summer transition week with no campers in Camp. Staff who are working the full summer are encouraged to leave Camp during the week of July 16-21.

May 30 – June 8                      Staff Training – open to all staff  
\*required for those working the full summer and block one. Staff working only block two must attend staff training on May 30-June 8 or July 18-20.

**Block One**

June 11-16	Adults who are Blind or Visually Impaired
June 18-23	Children with Type I & II Diabetes
June 25-30	Children with Type I & II Diabetes
July 2-7	Children with Intellectual Disabilities or Educational Autism
July 9-14	Children with Intellectual Disabilities or Educational Autism
July 16-21	No campers at Camp; staff transition week
July 18-20	Block two staff training if not attending May 30-June 8, block one staff may attend

**Block Two**

July 23-28	Children who are Deaf or Hard of Hearing
July 30-August 4	Children who are Deaf or Hard of Hearing
August 6-11	Children who are Blind or Visually Impaired
August 13-18	Adults 18-25 with Intellectual Disabilities or Educational Autism ( <i>by invitation only</i> )
August 21-25	Adults who are Deaf or Hard of Hearing

***We have two counselor-in-training sessions: July 2-14 and July 30-August 11. We are only accepting 5 CITs in each block.***



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## Application for Counselor-In-Training (CIT) Program – 2017

Please print neatly

Name: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
(street) (city & state) (zip code)

Other phone: "" \_\_\_\_\_ E-mail address: \_\_\_\_\_

Which program are you applying for (check one):  July 2-14  July 30-August 11

Program is only open to those 16 or 17 years old. Age as of program date above: \_\_\_\_\_

Check certification or licenses you **currently** hold and include a copy of those certificates/licenses:

<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CPR	<input type="text"/>	Other (list)
<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	WSI		

Please check your skill level in each area in the appropriate column. Can teach/lead means you can teach others the skill. Can do means you know how to do the skill, but would not be able to teach others that skill. Need a refresher means you learned the skill, but would need to be re-taught some things in order to be comfortable. No experience means you have never experienced that skill.

Camp Skills	Can teach/lead	Can do	Need a refresher	No experience
Archery				
Belaying & facilitating (ropes course)				
Boating (canoe, kayak, row, sail, stand up paddleboard)				
Camping				
Crafts				
Environmental education				
Fishing				
Mountain biking				
Outdoor skills (fire building)				
Performing arts (dance, drama, music)				
Sign language				
Sports				
Swimming				

List other skills, talents, hobbies and interests you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Providing children and adults with disabilities an adventure that lasts a lifetime.

## Question Section

Please answer the following questions as best you can on a separate sheet of paper and attach it to this application.

1. How did you become aware of the CIT program at the Wisconsin Lions Camp and why did you apply?
2. Why do you want to be a CIT at a camp that serves youth and adults with special needs?
3. Please describe any experience you may have had with individuals with the following: Deaf or Hard of Hearing, Blind or Visually Impaired, intellectual disabilities, autism spectrum disorders, diabetes, or other disabilities.
4. What do you want to learn from this experience?
5. What three factors would you choose as being your main strengths?
6. What makes you the person we will accept in the CIT program?

***The below needs to be read and signed by both the CIT applicant and parent or legal guardian.***

As a condition of participation and in order to provide a safe environment for all campers and staff, the Wisconsin Lions Foundation adopts a policy of reasonable searches and seizures of the person and of personal property in situations of suspected theft, illegal drugs, or possession of contraband items such as weapons, fireworks, and alcohol. Your signature on the enclosed application will be deemed as a written consent to such reasonable searches and seizures and a waiver of all claims against the Wisconsin Lions Foundation for conducting the same.

Please answer yes or no to these three questions.

**Have you been convicted of a felony or misdemeanor related to the position for which you are applying?**       Yes     No

**Have you been convicted of child abuse or a child sexual abuse offense, or been the subject of a similar court proceeding in your status as a juvenile or child?**       Yes     No

**Are you a U. S. Citizen and/or legally eligible for employment?**       Yes     No

I declare that the information on this application is true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview will be sufficient cause for rejection of this application and if I am employed my employment may be terminated at any time. The Wisconsin Lions Foundation adheres to a policy of random drug testing, criminal background checks, and a check of the National Sex Offenders Registry for all employees.

I understand that employment can be terminated at will by either party with or without cause. I understand that no agent or representative of the Wisconsin Lions Foundation has the authority to make any assurances to the contrary.

If I am selected for the Counselor-In-Training program, I agree to read and comply with the Wisconsin Lions Foundation's rules, regulations, and policies.

Name of Parent or Legal Guardian (please print): \_\_\_\_\_

Parent or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of CIT Applicant (please print): \_\_\_\_\_

CIT Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **References and Employment History**

In order to learn more about you and your work skills, we ask that you submit four references to us. For your four references, please do the following:

1. Choose your references. These people should be ones that have supervised or worked with you in a job, field experience or other employment opportunity. Persons who supervised you during volunteer opportunities are also good references.
2. We strongly recommend getting permission from persons who could be references to use their information. It makes our job of checking references much easier if the person knows that we may contact them.
3. Fill out the top of each reference inquiry form. Give or mail the inquiry form to each person you have asked to be a reference.
4. For the convenience of the people filling out the reference form, you should enclose a stamped envelope with the Wisconsin Lions Camp address on the front so the person can fill out the form and promptly mail it to the Camp.
5. We cannot conduct an interview without at least three references, so we urge you to get your forms to your references immediately.
6. We may contact your references to follow up with any questions we may have from reading the information on the form.
7. Please note that references from family or friends will not be considered.

**After filling out the application and sending out your four references, please attach a current resume to your application and return to us along with copies of any current certifications/licenses.**



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## 2017 Minor Employment Reference Inquiry

Applicant's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*The below needs to be read and signed by both the applicant and parent or legal guardian.*

**I hereby authorize you to furnish the Wisconsin Lions Camp with all the information requested and any other information you may have concerning me, and I hereby release you and/or your organization and the Wisconsin Lions Foundation, Inc. from all liability for any damage whatsoever arising there from.**

**Please be further assured that all information will be held in strict confidence.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above named person has applied for a position at the Wisconsin Lions Camp. The Wisconsin Lions Camp is a residential camp serving youth and adults who are blind or visually impaired, deaf or hard of hearing, youth with intellectual disabilities or educational autism, and youth with diabetes. The special care required for this camp and campers prompts us to accept individuals who are conscientious, responsible, and hard working. Your honest comments to the following questions will be of great value and appreciated.

How long have you known this candidate and in what capacity? \_\_\_\_\_

Have you supervised this candidate?  Yes  No

**If this applicant is/was an employee or volunteer:**

1. Did the person learn the job easily and readily?  Yes  No
2. Did they work independently (without regular supervision required)?  Yes  No
3. Would they adapt to a sudden change in schedule?  Yes  No
4. Did the applicant function appropriately in stressful situations?  Yes  No
5. Would you rehire this person?  Yes  No  Not applicable If no, why? \_\_\_\_\_
6. Are you related to this applicant?  Yes  No If yes, how? \_\_\_\_\_
7. If your child attended our camp, would you want this applicant supervising your child?  Yes  No  
If no, why? \_\_\_\_\_
8. Do you recommend hiring this applicant to work with youth ages 6-14?  Yes  No



**Over**

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**Please rate the applicant on the factors below by placing an X in the appropriate column.**

<b>Factors</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	<b>N/A</b>
Shows leadership						
Displays positive attitude/self-confidence						
Accepts supervision/criticism						
Honest and dependable						
Team oriented						
Takes initiative/responsibility						
Is safety conscious						
Demonstrates creativity						
Willingness to learn						
Works well with children & adults						
Relates well to peers						
Demonstrates flexibility						
Displays energy and enthusiasm						

**Please indicate if the applicant presents any concerns in the following areas:**

<b>Areas</b>	<b>No</b>	<b>Yes</b>	<b>Comments</b>
Absenteeism			
Tardiness			
Emotional instability			
Drug abuse			
Alcohol abuse			
Personal hygiene			

**How would you classify this applicant as a potential employee in a summer camp? (Check only one box.)**

<input type="checkbox"/>	Excellent, should receive top priority
<input type="checkbox"/>	Good, should be among those considered
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Perhaps should mature another year before considered
<input type="checkbox"/>	I do not recommend this applicant for your program

**Please attach a separate sheet to provide any additional information that would assist us in making a hiring decision.**

**Please print clearly:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of reference: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred method of contact:  phone  e-mail Best time to contact: \_\_\_\_\_

Thank you for your time in completing this form. This applicant will not be considered until all references have been received. Reference may be verified by phone or e-mail. **Please return to the address below as soon as possible.**

**Return to: Wisconsin Lions Camp, 3834 County Road A, Rosholt, WI 54473**

## Background Check Authorization

The Wisconsin Lions Foundation, Inc. requests this information with the application so that we are able to perform these checks in order to make an offer of employment. If you are not offered employment with the Wisconsin Lions Camp, your form will be shredded. If you are offered employment, your employment packet will include a copy of the Fair Credit Reporting Act as required for performing this check. The check is done through a company called CampBackgroundchecks.com and/or the State of Wisconsin Department of Justice. Please read all of the statements below before filling out and signing the form. If you have questions, please contact us at 715-677-4969 and ask for Human Resources.

I agree that any decision to hire me is contingent upon the results of my investigative report. I also understand that false or misleading statements in this application or concealment of requested facts may be considered cause for dismissal.

In order for this investigative report to be completed, the Wisconsin Lions Foundation, Inc. will need me to provide my date of birth and the other information requested on the "Required Information for Criminal Record Check" on the reverse side of this form. I understand that my failure to completely and accurately complete this form, or my misrepresentation or omission of any facts called for therein, may result in termination of employment or the withdrawal of any job offer.

I have been advised that a conviction does not automatically mean that I will not be offered a job. The nature of the conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are all factors that will be evaluated. I further understand this information will be used only for the limited purpose of preparing the investigative report.

### Notice Regarding Background Investigation

The Wisconsin Lions Foundation, Inc. may obtain information about you from a consumer reporting agency for employment and volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications, social security number verification, criminal and civil court records, personal interviews, driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics, and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. The report will be generated by CampBackgroundchecks.com (1200 South Outer Road, Blue Springs, MO 64015/816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected throughout your affiliation with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### Acknowledgement and Authorization

I acknowledge receipt of the notice regarding background investigation (above) and a summary of your rights under the Fair Credit Reporting Act ([www.ftc.gov/credit](http://www.ftc.gov/credit)) and certify I have read and understand both of those documents. I hereby authorize the obtaining of "consumer" reports and/or "investigative consumer reports" at any time after receipt of this authorization, and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state, or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CampBackgroundchecks.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.



## Background Check Authorization

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the “Notice Regarding Background Investigation Pursuant to California Law”. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Full Name	First	Middle	Last
Maiden Name, Previous Names or Aliases Used	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
<b>Please provide ALL residential addresses for the past seven (7) years.</b>			
Current address:			From:
Previous address:			From/To:
Previous address:			From/To:
Previous address:			From/To:
Previous address:			From/To:
Previous address:			From/To:
Previous address:			From/To:
Previous address:			From/To:
Contact Phone Number:	Email Address:	Check here if there are more addresses: <input type="checkbox"/>	
Signature:			Date: