

# **LIONS INTERNATIONAL YOUTH EXCHANGE CAMP COUNSELOR JOB QUALIFICATIONS**

## **Minimum Qualifications**

1. Minimum 18 years of age.
2. Some college education or experience in the field of camping.
3. Knowledge of a foreign language helpful, but not necessary.
4. Ability to live on site during the duration of camp.
5. CPR and/or First Aid certification a plus, but not required.
6. A desire to learn a variety of cultures.

## **Essential Functions**

1. Provide guidance, supervision and leadership to a group of campers.
2. Physical ability to participate in all aspects of the camp program.
3. Ability to participate and plan meaningful activities, which assist the camp in meeting its goals and objectives. ("To foster a spirit of understanding among young people of the world")
4. Remain neutral in any political or cultural discussion.

## **CAMP COUNSELOR RESPONSIBILITIES**

**Responsible to:** Head camp counselor and Camp Directors.

## **Specific Responsibilities:**

1. Live with a group of campers and help each camper adjust to other campers and camp life.
2. Guide the individual camper in participation with group, unit and all camp activities.
3. Assist with the program activities and other activities working closely with the Head Counselor and co-counselors.
4. Be active in assisting and participating in all programs led by program specialists.
5. Share your talents in developing program activities.
6. Assume responsibility for the camper's safety and health, in assuring them a pleasant camp experience.
7. Help plan activities, which relate to the camper's interest.
8. Be able to handle situations that may arise due to cultural differences.
9. Be able to follow and enforce all camp guidelines.
10. Complete an assessment of camp by the end of camp.
11. Represent the United States in a positive manner.

**LIONS CLUBS  
INTERNATIONAL YOUTH EXCHANGE PROGRAM  
APPLICATION FOR TEMPORARY POSITION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ School Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_ If yes, specify \_\_\_\_\_

Do you have certification in: CPR \_\_\_\_\_ First Aid \_\_\_\_\_ WSI \_\_\_\_\_

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

Have you had previous experience dealing with people from foreign countries? \_\_\_\_\_

Explain \_\_\_\_\_

Please specify background/interest in the following areas:

Arts & Crafts \_\_\_\_\_

Drama/Stage Craft \_\_\_\_\_

Music/Instrument \_\_\_\_\_

Sports/Games \_\_\_\_\_

Social Recreation \_\_\_\_\_

What School/Community organizations have you participated in \_\_\_\_\_

\_\_\_\_\_

What volunteer/teaching experience do you have (list positions held and responsibilities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your general state of health? \_\_\_\_\_

Please list 3 personal references which we can contact in connection with this application:

Name	Address	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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If selected are you willing to abide by the rules and regulations of the camp? \_\_\_\_\_

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

## MD-27 YOUTH EXCHANGE MEDICAL INFORMATION

The following information is required to participate in the Wisconsin Lions Youth Exchange program. Please answer all questions.

YOUTH NAME \_\_\_\_\_ COUNTRY \_\_\_\_\_

Date of Birth \_\_\_\_\_ In the event of an emergency and the parent/guardian is not available, notify \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Relationship to youth \_\_\_\_\_

**CHECK ALL ITEMS THAT APPLY, PAST OR PRESENT TO YOUR HEALTH HISTORY. EXPLAIN ANY YES ANSWERS.**

Allergies:	Yes	No	Explain
Food	___	___	_____
Medicines	___	___	_____
Insects	___	___	_____
Plants	___	___	_____

**Immunizations:** (give date of last inoculation)

Tetanus toxoid _____	Mumps _____
Diphtheria _____	Rubella _____
Pertussis _____	Polio _____
Measles _____	Smallpox _____

**General Information:**

	Yes	No	Explain
Asthma	___	___	_____
Cancer/Leukemia	___	___	_____
Convulsions/Seizures	___	___	_____
Diabetes	___	___	_____
Heart trouble	___	___	_____
Hemophilia	___	___	_____
High Blood Pressure	___	___	_____
Kidney Disease	___	___	_____

**Limitations:**

Activity Restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Medication:** (Must be by prescription)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state any information other than listed that persons involved in the Lions program should be aware of (use back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Prior to the arrival of the youth, this form should be sent to the corresponding country liaison YE Chairman.

MULTIPLE DISTRICT 27, WISCONSIN  
MEDICAL EMERGENCY FORM

The undersigned parent/guardian of \_\_\_\_\_  
(Name and age) does hereby empower and grant to the Host Family, Lions Camp  
Director or his/her designated representative permission to consent and authorize medical  
and hospital care and treatment for my above named child/ward. This authorization shall  
be valid commencing on \_\_\_\_\_ and ending on \_\_\_\_\_.  
I do hereby indemnify and hold harmless the physicians, hospital and other person who  
act in reliance upon this authorization.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PARENT \_\_\_\_\_ PARENT \_\_\_\_\_

Witnessed by \_\_\_\_\_ YE Chr. District \_\_\_\_\_

Any known allergies \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Medical/surgical history \_\_\_\_\_

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**GUARANTOR (Person who will pay any costs not covered by insurance)**

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (include Country Code) \_\_\_\_\_ Fax Number \_\_\_\_\_

Emergency number (include Country Code) \_\_\_\_\_ Email \_\_\_\_\_

**INSURANCE PROVIDER:**

Insurance company name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (include Country Code) \_\_\_\_\_ Fax Number \_\_\_\_\_

Policy Number/ ID numbers \_\_\_\_\_