



# 2024 APPLICATION FOR TEMPORARY POSITION (Camp Counselor)

Please answer all. Indicate NA if not applicable.

Name

First

Middle Initial

Last

Preferred Pronouns: \_\_\_\_\_ Gender Identity: Man/Woman/Non-Binary/Self-Describe  
(circle all that apply and/or fill in blank)

Address

City/State/Zip

School Attending

Birth Date (MM/DD/YYYY)

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 Techy 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, elaborate)

8. Do you have any medical conditions we should know about?

9. Do you have any allergies and/or dietary requirements?

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

Name

City/State

Phone

SHIRT SIZE: ( ) Small ( ) Medium ( ) Large ( ) X-Large ( ) 2X-Large 3X-Large

By typing my signature, I attest I have read the Lions Youth Exchange Counselor Handbook and will abide by the rules.

Signature \_\_\_\_\_ Date ( MM/DD/YYYY ) \_\_\_\_/\_\_\_\_/\_\_\_\_

**2024 Camp Dates:** Counselor Orientation is on Sat, Aug 10 at 4pm; **Camp** is Sun, Aug 11–Sun, Aug 18

**SEND TO: Lion Melissa Tweedale, 2812 South 77<sup>th</sup> Street, West Allis, WI 53219 or [melissa.tweedale@gmail.com](mailto:melissa.tweedale@gmail.com)**