



Kentucky Lions Youth Camp

Serving Blind/Vision Impaired Youth Since 1982

Serving Deaf/Hard of Hearing Youth Since 1992

2008 Counselor Application – Please Print All Information

Blind/Vision Impaired Camp Deaf/Hard of Hearing Camp

Name _____ Nickname _____ Male Female

Street Address _____ Single Married T-shirt size _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Age: 61+ 60-45 45-30 30-21 Under 21 D.O.B. _____ (Required for background checks)

Present health is : _____ List any chronic illness/condition _____

List medications presently taking _____

Employed by _____ Occupation _____ SSN _____

Attending School _____ Major _____ Grade _____

Talents _____ Hobbies _____

Special skills or certifications _____

List your swimming ability: Above average Average Below average Can't swim

If applying for Deaf/Hard of Hearing Camp, describe sign language skill:

Above average Average Below None ---- American English

Prior Counselor experience: KY Lions Camp Other _____ None

Have you worked with blind, deaf or other special needs children? No Yes

If yes, explain. _____

Have you ever been convicted of a crime? No Yes If yes, explain. _____

Are you able and willing to work the entire camp week? Yes No

If no, explain _____

Turn over and complete reverse side of application

Note: We are required to run background investigations on all counselors.

Ref: LCC

If you are a new applicant, list two references with address and telephone numbers:

1. _____
2. _____

Where or from whom did you learn about KY Lions Camp? _____

All Applicants – please complete: District 43- _____

Lions Club Lioness Club Leo Club Club Name _____ Non-member

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

E-mail address (if applicable) _____

Can pictures/slides be taken of you for the purpose of media releases or public information/education? Yes No

Parental Authorization: (This section must be completed for all applicants under 18 years old)

In case of emergencies, _____ may be seen by a physician. Permission is granted to conduct examinations, order x-rays, conduct tests and perform emergency treatment. Authorization is granted for the 2008 camp session.

Signature _____ Date _____

Parent Guardian

Return application to:

**Cecil W. Warner, Camp Director
KY Lions Youth Camp
626 Colonial Trace
Frankfort, KY 40601-1329**

or

**Lions Camp Crescendo, Inc.
P. O. Box 607
Lebanon Junction, KY 40150
Ph: (502) 833-3554 or (502) 833-4427
Toll Free: 1-888-879-8884
Fax: (502) 833-4249**

**Telephone 502-223-8514
e-mail → cwarner@mis.net**

**Billie J. Flannery, Administrator
bjflannery@lions-campcrescendo.org
Kevin Patton, Resident Manager
kevin@lions-campcrescendo.org**

2008 Camp Dates @ Lions Camp Crescendo: June 28th – July 5th

Note: Counselors need to arrive (by 6:00 P.M.)