

Pennsylvania Lions Beacon Lodge Camp



114 SR 103 South, Mount Union, PA 17066
Email: blclood@verizon.net

Phone: (814) 542-2511 Fax: (814) 542-7437
Website: www.beaconlodge.com

___ Camp Staff ___ Volunteer

Date of Application: _____

___ Internship (Must Speak with Camp Coordinator regarding this and supply copy of internship requirements prior to acceptance)

PLEASE PRINT OR TYPE

PLEASE ATTACH RECENT PHOTO/Driver License

STAFF/VOLUNTEER APPLICATION

Name _____ Social Security # _____

Permanent Address _____
(Street) (City & State) (Zip code)

Phone Number _____ Email _____

Current Address _____
(Street) (City & State) (Zip code)

Phone Number _____ Email _____

Mail should be sent to: () Permanent Address () Current Address until: _____

Cell Phone # _____ Staff-Shirt Size: () S () M () L () XL () XXL

Sex: () M () F DOB: ____/____/____ Age: ____ Driver's License #: _____

School/College Attending: _____

Major: _____ Current Level of Education: _____

Have you previously worked for Beacon Lodge Camp? If yes, what position: _____

If no, how did you become aware of the position? _____

CAMP SESSION DATES: (All applicants must attend Pre-camp Training.)

Please check all that apply. For camp schedule, see [Camper Information Page](#)

() Session 1 () Session 2 () Session 3 () Session 4 () Session 5 () Session 6 () Session 7

WHAT POSITION(S) ARE YOU APPLYING FOR? Some positions require certifications or previous experience.

- | | | |
|--------------------------------------|------------------------------|---|
| () Unit Director Adult Camp | () Arts & Crafts Instructor | () General Counselor |
| () Unit Director Children's Village | () Games Instructor | () Outdoor Adventure Specialist |
| () Program Director | () Music Instructor | () CIT (counselor in training) 17 yrs. |
| () Canoe/Kayak Instructor | () Nature Instructor | () Camp Aid (16 yrs) |
| () Ropes Course Instructor | () Lifeguard | () Volunteer |

List any course and/or certifications you currently hold. Please include expiration dates and copies of certificate.

- () First Aid _____
() CPR _____
() Lifeguard _____
() Archery _____
() WSI _____
() Canoeing _____
() Hi/Low Ropes _____
() NP/LPN/RN _____
() Dietician _____
() Cert. Med. Aid _____
() EMT _____
() Other _____

For Office Use Only:

Start Date: _____

End Date: _____

Wk. Salary: _____

Bonus: _____

Year Standing: _____

Title: _____

SS#: _____