



Camp Dogwood for the Blind & Visually Impaired  
7050 Camp Dogwood Drive  
Sherrills Ford, NC 28673  
828-478-2135 ext 230  
[www.NCLionsCampDogwood.org](http://www.NCLionsCampDogwood.org)  
[www.NCLionsInc.org](http://www.NCLionsInc.org)

**Thank you for your interest in working at Camp Dogwood for the Blind & Visually Impaired summer 2018.**

Camp Dogwood is a recreational facility located on Lake Norman in Catawba County. We operate a recreational program consisting of 9 one week overnight sessions for adults with blindness and visual impairment (1 week of youth camp). This retreat experience includes but is not limited to boating, fishing, swimming, tubing, art, crafts, mini golf, and off-campus trips. We employ 16 counselors to live and work here during the summer. The staff to camper ratio is usually one to six. In addition to staffing the various activities, our staff serves as sighted guides, assists serving meals, and in other capacities that serve our visually impaired and blind guests. We provide all necessary training. You must be at least 18 years old by June 10, 2018 to apply for this position.

Our goal is to provide a week of fun and fellowship. We serve ages 18 years up to 100+ years in this program. Our campers must be able to provide all their own self-care (eating, bathing, dressing, etc.). If they need assistance with self-care they bring a caregiver with them. Please visit our website at [www.NCLionsCampDogwood.org](http://www.NCLionsCampDogwood.org) to learn more about our program.

Our staff orientation begins on June 4, 2018. Campers will begin to arrive on June 10th. Our last camp session will end on August 10th, 2018. Paychecks are distributed bi-monthly each month. This is a "live-in" position. You reside on our campus for the duration of the camp season. We provide your guestroom and all meals at no cost to you. You may go off campus during your scheduled time off. We provide all necessary training at no cost to you. Training includes First Aid, CPR, AED Defibrillator, boating safety and operation, blind mobility, blind sensitivity, and more. Lifeguards are especially needed. If you are interested in lifeguard training please let me know.

I am looking forward to receiving your application. If you have any questions or concerns, please contact our Camp offices at [information@nclionscampdogwood.org](mailto:information@nclionscampdogwood.org) or by calling our offices at 828-478-2135 ext. 230.

Thank you,

North Carolina Lions, Inc.

**2018 Summer Staff Application attached**

# CAMP DOGWOOD SUMMER COUNSELOR APPLICATION

(Please print legibly or type)

The North Carolina Lions Inc. has adopted a Substance Abuse Policy, which includes pre-employment, random and post-accident testing. Subject to the employment procedures of the North Carolina Lions Incorporated, routine criminal background inquiries are completed on all applicants.

## Contact Information

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

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

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

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

## Additional Information

Social Security # \_\_\_\_\_

Are you at least 18 years old or older?    \_\_\_Yes    \_\_\_No

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

How long have you been driving? \_\_\_\_\_

Are you willing to drive our passenger vans and golf carts? \_\_\_\_\_

Are you visually impaired?    \_\_\_Yes    \_\_\_No    IF V/I, visual acuity? \_\_\_\_\_

Are you able to make all your own legal & medical decisions?    \_\_\_Yes    \_\_\_No

Have you ever been convicted of a crime?    \_\_\_Yes    \_\_\_No.

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your T-shirt size (unisex):** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2X \_\_\_ 3X

**Job Type**

Please check the position (s) for which you wish to be considered

- |                            |                           |
|----------------------------|---------------------------|
| ___ General Counselor      | ___ Devotions Coordinator |
| ___ Waterfront Director    | ___ Exercise Instructor   |
| ___ Lifeguard              | ___ Snack Bar Director    |
| ___ Arts & Crafts Director | ___ Nurse                 |
| ___ Entertainment Director | ___ Dance Coordinator     |

**Are you available June 10 thru August 10, 2018?** \_\_\_ Yes \_\_\_ No

**If not, please contact the camp director to discuss it.**

**Education** (circle highest level achieved)

High School: Diploma or GED? \_\_\_\_\_ Year received: \_\_\_\_\_

Name of School: \_\_\_\_\_

College/University/Trade School: \_\_\_\_\_

\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Other

Name of School: \_\_\_\_\_

Fields of Study (Major, minor, etc.) \_\_\_\_\_

Year graduated (or anticipate graduating): \_\_\_\_\_

Post-baccalaureate work? Masters? PhD? \_\_\_\_\_

**Certifications**

Do you currently hold any of these certificates (Red Cross, etc.)?

- |                               |         |        |
|-------------------------------|---------|--------|
| Lifeguard Certificate         | ___ Yes | ___ No |
| First Aid Certificate         | ___ Yes | ___ No |
| CPR Certificate               | ___ Yes | ___ No |
| AED/Defibrillator Certificate | ___ Yes | ___ No |

Do you have any other certifications that you would like to share with us?

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

\*\*\*If you have a resume and/or additional certification information you would like to share, please attach them to this application. \*\*\*



Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**References:** (i.e. Instructors, professors, coworkers, not relatives, roommates, or best friends)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

If you have any questions, please contact us at 828-478-2135 ext. 230 or at  
[information@nclionscampdogwood.org](mailto:information@nclionscampdogwood.org)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application to: Camp Dogwood for the Blind & Visually Impaired  
Attn: Hillary Brodofsky  
7050 Camp Dogwood Drive  
Sherrills Ford, NC 28673

E-mail to: [information@nclionscampdogwood.org](mailto:information@nclionscampdogwood.org)

Fax to: 828-478-4419