



Camp Dogwood for the Blind & Visually Impaired  
7050 Camp Dogwood Drive  
Sherrills Ford, NC 28673  
800-662-7401 x229  
[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.**

Camp Dogwood is a recreational facility located on Lake Norman in Catawba County. We operate a recreational program consisting of 10 one week overnight sessions for adults with blindness and visual impairment. This recreational/vacation experience includes but is not limited to boating, fishing, swimming, tubing, art, crafts, mini golf, shopping and bowling. 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 May 29<sup>th</sup>, 2017 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 view a video about our program.

Our staff orientation begins on May 29<sup>th</sup>, 2017. Campers will begin to arrive on June 4<sup>th</sup>. Our last camp session will end on August 12<sup>th</sup>, 2017. Paychecks are distributed on the 15<sup>th</sup> and 30<sup>th</sup> of 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 1<sup>st</sup> 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 me at [Susan@NCLionsInc.org](mailto:Susan@NCLionsInc.org) or call me at 800-662-7401 ext. 229.

Thank you,

Susan King  
Director

**2017 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 May 29 thru August 12, 2017?** \_\_\_ 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. \*\*\*

**General Information**

Do you have any volunteer experience?      \_\_\_Yes      \_\_\_No

Please list and/or summarize your volunteer experience.

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What are your interests, hobbies, etc.?

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Do you have any mobility, physical, or emotional issues that may affect your ability to perform certain tasks (i.e. seizures, spinal injury, cane use, etc.)?      \_\_\_Yes      \_\_\_No

If yes, please explain.

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Please tell us why you would like to work at Camp Dogwood.

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**Would you like to discuss adding an internship to this position?**      \_\_\_Yes \_\_\_ No

**Work History** (last 5 years)

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: \_\_\_\_\_

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 me at 1-800-662-7401 ext. 229 or at  
[Susan@NCLionsInc.org](mailto:Susan@NCLionsInc.org)

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

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

E-mail to:                   [Susan@NCLionsInc.org](mailto:Susan@NCLionsInc.org)

Fax to:                      828-478-4419