

**WINTER CAMP MAUCHATEA 2011**

**Rhode Island Lions Sight Foundation  
Rhode Island Services for the Blind and Visually Impaired**

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**name**

**telephone number**

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**address**

**social security #**

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**Educational Experience:**

**Name of School Attended**

**Dates Attended**

**Degree Rec'd**

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**Work Experience:**

**Name of Employer**

**Dates Worked**

**Position**

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**Additional experience working with children who are handicapped:**

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**References:**

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**name**

**telephone number**

**Everyone must sign this application below:**

**I hereby release the State of Rhode Island, Rhode Island Services for the Blind and Visually Impaired, and the Rhode Island Lions Sight Foundation for all liability for injury or illness while working at Camp Mauchatea during the period of Monday, February 21 through Tuesday, February 22, 2011. I also give my permission for Bureau of Criminal Investigation clearance, and a background check with the Department of Children, Youth & Families.**

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**signature**

**date of birth (for BCI check only)**

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**name and telephone number of emergency contact**

**date**

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**Position(s) applying for:  head counselor  assistant counselor**