

**Job title:** Summer Camp Advisors for Guardians of Living Water Summer Camp 2019

**Department:** Environmental Health Literacy Project

**Job purpose:** Summer camp advisors will have the opportunity to provide hands on experience in the areas of Environmental Health, Community Health, & Education. Advisors will lead learning activities with groups of 5<sup>th</sup> & 6<sup>th</sup> grade students.

**Typical Activities:** Complete CITI training, teach water related activities and work on a project to present at the end of camp to parents, friends and community members.

**Key responsibilities:** Summer camp advisor will be responsible for specific tasks assigned to them at camp training.

**Location:** Crow Agency Public School

**Education/Work Experience:** This position is open to high school students and college students

**Physical Requirements:** Summer camp advisors will be required to lift a min. of 20lbs. and be on their feet for a duration of the day.

Wage: \$11.00/hour

**Duration:** Camp Training June 03-04, 2019

Summer Camp: June 17-20<sup>th</sup>, 2019

Applications must complete the following items before their applications will be considered:

1. Complete application form
2. One-page essay, describing why you are interested in being a summer camp advisor, and future goals.
3. 1 Letter of recommendation or character letter
4. Resume, if you have one.

Employment is temporary and selected advisors will have 52 hours of employment.

Applications can be picked up at:

1. Little Big Horn College
  - a. Reception Desk Melodee Reed or Lisa Hill
2. On line at LBHC website: lbhc.edu
3. Christine Martin

Email: [martinc@lbhc.edu](mailto:martinc@lbhc.edu)

Phone: (406) 208-7621

**Announcement closes: May 24, 2019**

**Candidates will be picked by May 31, 2019**

**APPLICATION**  
for  
Summer Camp Advisors  
Guardians of the Living Water  
Summer of June 2019

**DEADLINE: 5pm, May 24, 2019**

**SUBMIT TO:**

Call Christine Martin (406) 208-7621 to pick up  
LBHC Human Resources Robin Vallie

**APPLICATION REQUIREMENTS**

All applicants must complete the following items before their application will be considered for selection:

- **Completed Application Form**
- **One page essay (typed, double spaced, 12 font) describing why you are interested in being a summer camp advisor and what your future goals are.**
- **1 letter of recommendation or character letter**
- **Resume, if you have one.**

There are 6 open positions for Summer Camp Advisors. Employment is temporary and selected advisors will have 52 hours of employment. Summer Camp Advisors will have the opportunity to have hands-on experience in the areas of Environmental Science, Community Health, and Education.

Selected advisors will be required to sign a contract with Little Big Horn College. Job duties will be discussed upon hire.

**Applicants must be available to work all days—June 03-04, 2019 (training) and June 17-20, 2019 (camp).** If selected, advisors will be expected to complete online CITI training, prior to the summer camp. Advisors will be expected to know all activities, participate, and interact with children and children's families in the summer camp.

If you have any questions about the program or the application process, please call

- **Vanessa Simonds: P: (406) 994-7396      E: [vanessa.simonds@montana.edu](mailto:vanessa.simonds@montana.edu)**
- **Christine Martin: P: (406) 638-7621      E: [martinc@lbhc.edu](mailto:martinc@lbhc.edu)**



# SUMMER CAMP ADVISOR APPLICATION FORM

NAME:

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(FIRST)

(LAST)

CAN YOU PROVIDE PROOF OF RESIDENCY? YES  NO

MAILING ADDRESS: \_\_\_\_\_

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CSZ: \_\_\_\_\_

PHONE: 1(406) \_\_\_\_\_

EMAIL: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ COLLEGE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

TRIBE: \_\_\_\_\_ HOBBIES: \_\_\_\_\_

HAVE YOU EVER WORKED FOR LITTLE BIG HORN COLLEGE IN THE PAST? YES  NO

IF SO, WHAT PROGRAM AND NAME IS IT BE UNDER? \_\_\_\_\_

1. List any summer programs, workshops, training, and/or awards received:

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2. What do you consider to be your greatest strength?

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3. What do you consider to be your greatest weakness?

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## SUMMER CAMP ADVISOR APPLICATION FORM

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4. What kind of experience would like/hope to gain from for this job position?

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List three people to references for this job position:

NAME:		
POSITION:		PHONE:
NAME:		
POSITION:		PHONE:
NAME:		
POSITION:		PHONE:

I certify that all of the statements made in this application are true to the best of my knowledge and I may be dismissed if false information is presented. **IF FOR SOME REASON IT BECOMES NECESSARY FOR ME TO WITHDRAW MY APPLICATION, I AGREE TO NOTIFY LBHC EHL PROGRAM IMMEDIATELY SO THAT I WILL NOT DEPRIVE SOMEONE ELSE OF THE CHANCE TO PARTICIPATE.** I realize that if I am offered and accept the position, the area at which I am selected, will be counting on my assistance for the period agreed upon. I will then make every effort to fulfill my commitment to that area and to the LBHC EHL program. I understand that if I leave my position early I forfeit my position. Photo and quote release: In consideration of submitting this application, I recognize that by applying to the LBHC EHL program, I grant Little Big Horn College Environmental Health Literacy program freedom to use my name, likeness and/or words in the production of publicity, educational, and promotional materials.

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



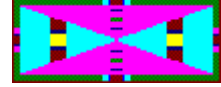
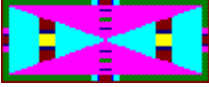
## SUMMER CAMP ADVISOR APPLICATION FORM

**OFFICE USE ONLY**

DATE APPLICATION SUBMITTED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

Completed Application Form     Essay     Unofficial Transcripts     1 Letter of Recommendation     Resume



Little Big Horn College  
8645 S. Weaver Drive  
P.O. Box 370  
Crow Agency, Mt 59022  
Phone: (406) 638-3100  
Fax: (406) 638-3169

### **Consent to Release of Information**

I authorize any duly accredited representative of Little Big Horn College to verify any information I have listed on my resume with respect to previous employers, educational institutions, and character/personal references.

I understand that this authorization **does not include** the release of information from any lending institutions, medical institutions, hospitals, or health care professionals.

I further authorize any duly accredited representative of Little Big Horn College to request criminal record information about me from criminal justice agencies and the Department of Motor Vehicles for the sole purpose of determining my eligibility for the position of which I am applying.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is validated for initial period of not more than three months from the date signed and shall be limited to the sole purpose of obtaining information from the date signed and shall be limited to the sole purpose of obtaining information for the position of which I am applying.

\_\_\_\_\_  
Signature

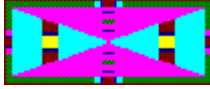
\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Names Used

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Home Telephone Number



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## **Drug Free Workplace Policy**

Little Big Horn College hereby notifies all employees/students that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on the premises and within the boundaries of Little Big Horn College.

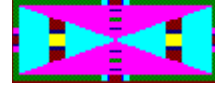
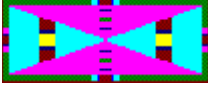
All employees/students are further notified that as a condition of employment/college enrollment you are required to abide by this policy.

Any employee/student convicted of any criminal statute occurring in the workplace shall be subject to termination by Little Big Horn College.

I, \_\_\_\_\_, have been given a copy of the Little Big Horn College Drug Free Workplace policy and understand the policy, conditions of employment/enrollment and penalties of said policy. I will abide by the terms of the Drug-free Workplace Policy and will notify Little Big Horn College of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction. I am aware of available drug/alcohol counseling, rehabilitation, and employee/student assistance programs available in my community.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date



Little Big Horn College  
8645 S. Weaver Drive  
P.O. Box 370  
Crow Agency, MT 59022  
Phone: (406) 638-3100  
Fax: (406) 638-3169

### **INDIAN PREFERENCE**

This position allows additional points to be given to the following Indian preference categories:

**First Priority:** Crow Tribal member.

**Second Priority:** Federally recognized tribal member legally married to a Crow Tribal member.

**Third Priority:** Any other outside federally recognized tribal member.

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If you are claiming preference for any of the categories above, documentation must be provided for each priority:

**First Priority:** Must provide proof of enrollment.

**Second Priority:** Must provide proof of you and your spouse's enrollment.

**Third Priority:** Must provide proof of enrollment.

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Please check one:

\_\_\_\_\_ Crow Tribal Member.

\_\_\_\_\_ Federally recognized tribal member legally married to a Crow Tribal Member.

\_\_\_\_\_ Any Other Outside Federally Recognized Tribal Member