



ESL Program
English Immersion in France

STAFF APPLICATION FORMS

LITTLE BIG LAND

2019

Please read this page carefully.

Dear Little Big Land applicant,

If you have not done so already, we highly recommend that you read the **STAFF APPLICATION INFORMATION** document also attached to the message. This is a 4-page document which should answer most of your questions and which will be referred to during the interview.


In the event that you did not receive this document already, you can access it directly through our **website** -> "Devenir animateur" -> Program information.

For all your questions prior to or while filling out the forms, you are welcome to contact us. Remember that no question is worthless or stupid and we will be happy to answer it as best as we can.

APPLICATION PROCESS

- › LITTLE BIG LAND **reviews** every applicant's forms and answers them through e-mail.
- › We highly invite you to check your spam folder if you do not hear back from us, and to contact us again when you see fit. The review process may take some **time** to ensure its **quality**.
- › Once an applicant has been selected, they are required to pass an **interview**, either in person or through Skype.
- › We value **diversity** and **uniqueness** and require our staff members to be **mature** and **responsible**.
- › If the interview is positive, we then proceed to build different teams and **notify** selected applicants directly, prior to the beginning of each session. This process may take time.

INSTRUCTIONS

- › This is a **protected** document.
- › The areas to fill out are **restricted** (limited allocated space) and the document cannot be edited.
- › These forms have been designed to be run using PDF softwares.
In the event that you are unable to fill them out on your computer, please request our **printable version** which you can fill out manually.
- ›  : Typing required ; Box to tick or choose from ; Free space to answer a question.
- › Free space will be added to the end of the forms.
- › Please **verify** your information to prevent any delays. Be sure to double-check any contact details area.

**Once filled out, please send us back the forms through e-mail.
You may also scan the printable version.**

 **Please describe your educational background**

Name of School - Major Course of Study - Dates - Diploma/Degree obtained

College/Uni

Grad.Study

Other studies

 **List any camp-related work experiences you have had, or experience working with children**

Program/Job - Director - Address / email - Dates

Please list relevant language courses you have taken

List any bi-cultural experiences you have had with the appropriate dates.

Please list below the sports, music, or art programs in which you have participated or which you have led (specify participated or led) with the appropriate dates

List any other hobbies or special recreational interests you have

 **Mark activities you could lead (L) or assist with (A) at Little Big Land**

Sports

Baseball
Volleyball
Basketball
American football
Frisbee

Other sports:

Music/Theater

Singing
Dance
Drama
Instruments:

Arts & Crafts

) Type:
Activities:

List any meaningful experiences you have had working with young people and explain what made them meaningful.

LBL villagers are 9-15. Is there an age group that you prefer working with?

<8 8-11 11-13 13-15 no preferences

Do you know how to improvise, to react to unexpected situations? Rate your ability on a scale of 1 (low) to 10 (high). Give specific examples of experiences where you have had to improvise.

STAFF HEALTH FORM

- › Les intervenants étrangers non couverts par la Sécurité Sociale française bénéficient d'une assurance maladie souscrite par Little Big Land.
- › Les animateurs français sont par contre responsables de leurs propres dépenses médicales.
(LBL takes out private health insurance coverage for non-French staff not covered by the French National Health System)

Last Name

First Name

VACCINS (vaccinations)	Date dernière injection (last shot)	VACCINS (vaccinations)	Date dernière injection (last shot)
DT COQ POLIO	! !	RUDIVAX (<i>Rubeola</i>)	
DT POLIO		IMOVAX (<i>Mumps</i>)	
ROR (<i>Measles/mumps</i>)		ROUVAX (<i>Measles</i>)	
BCG (<i>tuberculosis vaccine</i>)		Contrôle Tuberculinique (<i>Last TB test</i>)	Date : ! ! Result :

Avez-vous eu l'une des maladies suivantes?

(Have you had any of the following illnesses?)

- | | | |
|--|-----|-----|
| - Coqueluche (<i>whooping cough</i>) | OUI | NON |
| - Oreillons (<i>mumps</i>) | OUI | NON |
| - Rougeole (<i>measles</i>) | OUI | NON |
| - Rubéole (<i>rubeola</i>) | OUI | NON |
| - Scarlatine (<i>scarlet fever</i>) | OUI | NON |
| - Varicelle (<i>chicken pox</i>) | OUI | NON |

Autres (other):

Etes-vous sujet à

(Are you subject to)

- | | | |
|---|-----|-----|
| - Angine (<i>sore throat</i>) | OUI | NON |
| - Otite (<i>earache</i>) | OUI | NON |
| - Bronchite (<i>bronchitis</i>) | OUI | NON |
| - Asthme (<i>asthma</i>) | OUI | NON |
| - Rhumatisme | OUI | NON |
| - Troubles nerveux (<i>anorexie...</i>) | OUI | NON |
- (eating disorders, depression or other psychological problems)*

Si oui, spécifier (explain)

Antécédents médicaux & Interventions chirurgicales (past medical problems and operations)

Allergies & Médicaments : contre-indications connues (allergies or reactions to medicines)

Traitements en cours (current medication or treatments)*

***Se munir d'une ordonnance pour tout traitement** (Be sure to bring your prescription for any medication)

Régime particulier éventuel (dietary restrictions, food allergies)

Free space (to answer previous questions where space was too limited).

Thank you for filling out these forms.