



STAFF APPLICATION - 2012

a.r. .... accept
contrat sent. .... rec'd
BAFA/BAFD .... other
cas. judiciaire / déclaration
doctor's certif. ....

Please read accompanying materials before completing application. Please answer all questions.

Position applied for : director resource counselor counselor counselor/assistante sanitaire
(appropriate French first aid training required)

Sessions applied for: "Classe d'immersion" : May 20-25
Summer sessions (+ 1 day for final cleanup): Jul 6-19 Jul 21-Aug 3 Aug 5-18 Aug 20-26

Today's date Day / Month / Year Nationality :
Birthdate Day / Month / Year Place of birth
City and state (US) or département (FR) - Country

Social Security Number

1. Name First Middle Last Gender M F

2. Present Address

Home phone Cell phone

Skype address Email

3. How long will you be available at this address (if school address, for example)?
IMPORTANT: If you move to a different address, please notify us so that we can still reach you.

4. Permanent Address (if different from present address) Permanent phone

5. List any professional experience you have had, in particular at a summer camp or other program working with young people.

Program / Job Director Address Dates

6. Do you have any of the following French certificates? stagiaire BAFA diplômé(e) BAFA
stagiaire BAFD diplômé(e) BAFD
AFPS PSC1 other
If so, please attach a copy of the certificate.

7. Do you have a driver's license? If so, date obtained: Country:

8. Please list two people, not family members, who could serve as references (former employer, etc.).

Give their Name - Relationship to you - Phone - Email - Address

a)

b)

9. Please describe your educational background.

Name of School Major Course of Study Diploma/Degree obtained Date(s)





Bureau : 4 place de la Victoire - 37000 Tours - Tél./Fax : 33 (0)2 47 35 96 85 – anim@littlebigland.fr

## DOSSIER MEDICAL ENCADREMENT / STAFF HEALTH FORM

**N.B.** 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.)*

**NOM** (last name):

**Prénom** (first name):

VACCINS (vaccinations)	Date dernière injection
▪ DT COQ POLIO	
▪ DT POLIO	
▪ ROR (Measles/mumps)	
▪ RUDIVAX (Rubeola)	
▪ IMOVAX (Mumps)	
▪ ROUVAX (Measles)	
▪ BCG (tuberculosis vaccine)	
▪ Dernier Contrôle Tuberculitique (date of last TB test)	Date : Résultat :

▪ **Interventions chirurgicales** (nature et date) *operations*

▪ **Antécédents médicaux** (past medical problems)

▪ **Allergies**

▪ **Médicaments : contre-indications connues**  
(allergies or reactions to medicines)

▪ **Régime particulier éventuel** (dietary restrictions, food allergies)

**N.B.** Il y a un menu unique par repas.  
Il n'y a pas de menu spécial végétarien, par exemple.  
*(Please note that a single menu is prepared for the whole village. There is no special vegetarian menu, for example.)*

▪ **Taille** (height): 1 m      cm      **Poids** (weight) :      kg

**COCHER OUI OU NON SELON LE CAS**

▪ **Avez-vous eu l'une des maladies suivantes**  
(Have you had any of the following illnesses)?

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

▪ **Etes-vous sujet à** (Are you subject to):

- Angine (sore throat)	OUI	NON
- Otite (earache)	OUI	NON
- Bronchite (bronchitis)	OUI	NON
- Asthme (asthma)	OUI	NON
- Rhumatisme	OUI	NON
- Troubles nerveux (anorexie...)	OUI	NON

*(eating disorders, depression or other psychological problems)*  
Si oui, spécifier (explain):

- Autres (other)

▪ **Sports éventuellement déconseillés :**  
(I am unable to participate in the following sports or activities:)

▪ **MEDICAMENTS** (current medication or treatment if any)

**SE MUNIR DE L'ORDONNANCE  
POUR TOUT TRAITEMENT EN COURS**

*(BE SURE TO BRING YOUR PRESCRIPTION  
IF YOU WILL BE TAKING MEDICATION)*