



Staff Application Forms

Little Big Land 2020



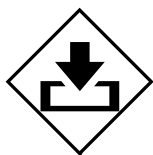
ESL Program
English Immersion in France

Please read this page carefully.

Dear Little Big Land applicant,

- Before starting, please read the **Staff Application Information** document. The Information PDF document is a very rich and detailed source of information which should help you better understand our programs.
- In the event that you did not receive this document already, you can access from our website:
<http://www.littlebigland.fr> => **Counselors** tab => Download **Program information**.
- For all your questions prior to or while filling out the forms, you are welcome to contact us at anim@littlebigland.fr. Remember that no question is worthless or stupid and that we would be happy to answer it as best as we can.

Application Process



Download

Phase 1

Download the forms

- Download the "Application Forms" document from our website.
- Return it once completed by e-mail at: anim@littlebigland.fr
- Add a Resume and a short introduction in the e-mail.



Waiting

Phase 2

Wait for an answer

- Check your e-mails for an answer (don't forget your Spam folder).
- The recruitment process may take several weeks.
- Feel free to get back to us regarding updates.



Interview

Phase 3

Interview

- Once selected, we will ask you to send us your preferred date and time for an Interview.
- Interviews are conducted in person or through Skype.
- A webcam is not mandatory but preferred.



Selection

Phase 4

Camp Preparation

- Once we are able to confirm you, we will forward your contact to the Camp Director.
- Depending on the media they choose, you will be required to help with camp preparation prior to its beginning.

Application Forms Checklist

- Staff Application Forms & Resume.
- Staff Health Forms & Vaccination Record (Diphtheria, Tetanus & Polio are mandatory).
- Photocopies of relevant certificates (last diploma, BAFA, BSB, First Aid Certification, etc).
- Photocopy of ID documents (ID Card or Passport) and Visa or Work Permit (when eligible).
- Social Security Certification (Carte Vitale, European Health Card, Private Insurance, etc).
- Recent Picture of yourself (not mandatory).

Instructions

- This is a protected document which can be filled out directly on your computer (recommended).
- These forms have been designed to be run using a PDF software. In the event that you are unable to fill them out on your computer, please request our printable version.
- Please verify your information to prevent any delays. Be sure to double-check any contact details area and to keep us posted in case of changes or required updates.

**ONCE FILLED OUT, PLEASE SEND US BACK THE FORMS BY E-MAIL.
PLEASE MAKE SURE THE CONTACT INFORMATION PROVIDED IS ACCURATE.**

Date: / /

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Picture
(not mandatory)

Position applied for

Director

Counselor

Health Assistant*

*Completion of French Diploma (PSC1) required

Personal Information



Name: _____

Date of birth: / /

Nationality: _____

Gender M F Other

Age: _____

Place of birth: _____
City + Department + Country

If you are born outside France, in order to declare you we also need the **first and the last name of your parents**:

Mother: _____

Father: _____

Current situation:

Student (specify school, course of study, year...)

Employed (specify employer, position..)

Other (explain): _____



Departure address: _____

Return address (if different):

Cell phone: / / / /

Email: _____

Skype contact: _____

How did you hear about LBL? Word-to-mouth Forums/Events

Internet

CRIJ/BIJ

Job advertisements

Facebook

Other: _____

French Social Security Number if applicable:

Additional Information

Do you have any of the following French certificates?

If so, please attach a copy

Stagiaire BAFA

Diplomé(e) BAFA

Stagiaire BAFD

Diplomé(e) BAFD

AFPS

PSC1

BSB

LBL villagers' ages ranged from 6 to 15.

Is there an age group that you prefer working with ?

<8

8-11

11-13

13+

No preferences

Dates of availability*:

Month	From	To
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____

*If your dates of availability change throughout the recruitment process, please notify us as soon as possible so we can update your application accordingly.

Transportation:

Do you have a SNCF Rail Card?

Carte Jeune, valid until: / /

Carte Voyageur number: _____

Other: _____

Do you have a driver's license? Yes No

If so, date obtained: / /

Country: _____

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Work Experiences

☰ Please list two people, *not family members*, who could serve as references (former employer, etc.):
Name - Relationship to you - Phone - Email - Address

1.

2.

☰ List any camp-related experiences you have had, or any experience working with children:
Program/Job - Director - Address / email - Dates



Academic Experiences

Please list relevant language courses taken:

List any relevant linguistic experiences:



Activities

☰ 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:

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

Sports

Baseball/Cricket Soccer

Soccer Ultimate

American football / Rugby

Other sports:

Performing

Dancing Drama

Singing Improv'

Music (if so, what instrument or genre)

Arts & Crafts

Please list the relevant arts and crafts you are comfortable with:

☰ List any other hobbies or special recreational interests you have:



Childcare

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



Adaptability

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 or think on your feet:

Date: / /
Applicant's Name:

Staff Health Form

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Little Big Land takes out a private public liability insurance for their counselors. Everybody should be either eligible for the French National Health System (*Sécurité Sociale*) or take out a private health insurance contract.

Little Big Land may also allow you to subscribe to their own health insurance contracts in exchange for

PLEASE ADD AN OFFICIAL VACCINATION RECORD TO THIS DOCUMENT

The following vaccines are mandatory in order to be allowed to work with children:

Diphtheria - Tetanus - Poliomyelitis

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>)		Controle Tuberculinique (<i>Last (TB test)</i>)	

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
Rubéole (*rubeola*) OUI NON
Scarlatine (*scarlet fever*) OUI NON
Varicelle (*chicken pox*) OUI NON

Autres (*other*):

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
Troubles & Problèmes de santé OUI NON
(*physical or psychological disorders*)

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 (se munir d'une **ordonnance** pour tout traitement)
Current medications or treatment (be sure to bring your prescription when required)

☰ Regime particulier éventuel - *Dietary restrictions, food allergies*

☰ Free Space