



**Summer Staff Camp Application for \_\_\_\_\_(year)**

\_\_\_ Camp Ko-Man-She                      \_\_\_ Camp Tiponi

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

**Permanent Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please Check the Appropriate Position Applying for & complete the following parts that reflect the position:**

**\_\_\_ Physician Positions**                      Medical License# \_\_\_\_\_  
Institution Attended                      Dates                      Major                      Degree Awarded

**Internship:** \_\_\_\_\_

**Residency:** \_\_\_\_\_

**\_\_\_ Nursing Positions**    \_\_\_ RN    \_\_\_ LPN                      Nurse License # \_\_\_\_\_  
 Nursing Experience: \_\_\_\_\_

**\_\_\_ Student Nursing\* (Counselor) Positions** School Attending: \_\_\_\_\_ Current yr. in program: \_\_\_

**\_\_\_ Registered Dietician**                      Registration # \_\_\_\_\_                      License # \_\_\_\_\_

**\_\_\_ Student Dietary Positions\***                      School Attending: \_\_\_\_\_                      Current yr. in program: \_\_\_\_\_

Dietary Experience: \_\_\_\_\_

**\* Please provide a letter from your instructor recommending your participation at diabetes camp.**

**\_\_\_ Camp Counselor**    \_\_\_ CIT Positions

**Is there any information we would need about your name or use of another name for us to be able to check your work record?** \_\_\_ Yes    \_\_\_ No                      If yes, specify: \_\_\_\_\_

**Have you ever been convicted of or pled guilty to a crime?** \_\_\_ Yes    \_\_\_ No (A conviction will not automatically disqualify you from being considered as a candidate for a position.) If yes, please explain:  
 \_\_\_\_\_

**NOTE: OUR CAMP IS SMOKE & DRUG FREE.** Any staff who consumes alcohol, uses drugs or tobacco products during camp week will be immediately dismissed, forfeit their stipend and be banned from attending camp in the future.

**Current Employer or Program:** \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_

**References:** List 2 persons such as a teacher, advisor, employer (not a relative), a house officer, staff doctor, etc. who has definite knowledge of your qualifications.

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Have you attended Diabetes Camp: as a camper? \_\_\_ Yes \_\_\_ No When? \_\_\_\_\_  
as a Staff Member? \_\_\_ Yes \_\_\_ No When? \_\_\_\_\_

Age groups in which you have had experience with: \_\_\_ 6-10 \_\_\_ 11-13 \_\_\_ 14-17

**Additional Information:** Indicate the areas below in which you could teach or lead. Mark all that apply.

<input type="checkbox"/> Song Leading	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Soccer	<input type="checkbox"/> Water Safety	<input type="checkbox"/> Sketching	<input type="checkbox"/> Fishing
<input type="checkbox"/> Bead Work	<input type="checkbox"/> Cookouts	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Skits
<input type="checkbox"/> Fire Building	<input type="checkbox"/> Archery	<input type="checkbox"/> Football	<input type="checkbox"/> Knot Tying	<input type="checkbox"/> Hiking	<input type="checkbox"/> Horseshoes
<input type="checkbox"/> Nature Study	<input type="checkbox"/> Story Telling	<input type="checkbox"/> Scavenger Hunts	<input type="checkbox"/> Magic	<input type="checkbox"/> Leather Craft	<input type="checkbox"/> Tie Dying
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Photography	<input type="checkbox"/> Crafts	<input type="checkbox"/> Face Painting	<input type="checkbox"/> Softball	<input type="checkbox"/> Other: _____

**Community activities and/or groups you are, or have been involved in:**

\_\_\_\_\_

**Experience:**

Have you attended any leadership training activities: (Scouts, Church, School, 4-H, etc. Please describe) \_\_\_\_\_

\_\_\_\_\_

List any other camping and/or group leadership responsibilities (Teacher, Family and/or Youth camping, etc.): \_\_\_\_\_

\_\_\_\_\_

Detail your experience developing and scheduling programs for children: \_\_\_\_\_

\_\_\_\_\_

**Experience with Diabetes in children and adults:** \_\_\_\_\_

\_\_\_\_\_

Other training or certification you have (CPR, First Aid, Water Safety, etc.): \_\_\_\_\_

Identify knowledge, experience, or both for the following topics: **K=Knowledge E=Experience B=Both**

<input type="checkbox"/> Urine Testing	<input type="checkbox"/> Exercise and Diabetes
<input type="checkbox"/> Insulin Dosages	<input type="checkbox"/> Meal Exchanges/Carbohydrate counting
<input type="checkbox"/> Insulin Administration	<input type="checkbox"/> Growth and Development of School Aged Children
<input type="checkbox"/> Treating Hypoglycemia	<input type="checkbox"/> Dealing with Families of Children who have Diabetes
<input type="checkbox"/> Treating Ketoacidosis	<input type="checkbox"/> Dealing with School Situations of children with Diabetes
<input type="checkbox"/> First Aid for Children with Diabetes	<input type="checkbox"/> Daily Health Practices for Children with Diabetes

**ALL APPLICANTS MUST READ & SIGN**

I realize that the children I will be working with have diabetes and their safety and well-being is of utmost importance. Furthermore, I believe in the dignity and worth of every individual regardless of creed, color, or race and I am willing to demonstrate this in working with the campers and staff members. If I have diabetes myself, I understand that I must do my best to maintain good control of my diabetes prior to and during camp, so that I can be the best role model for our campers.

**As required by law, Diabetes Dayton will conduct criminal backgrounds checks.** By signing this application, I authorize Diabetes Dayton to make these investigations and I understand that false statements or failure to disclose information may disqualify me for employment, or if employed, may result in my dismissal. The answers given above are true and complete to the best of my knowledge. *Applications without signature will not be accepted.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_