



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.

| | | | | | |
|-------------------|-------------------|---------------------|-------------------|-------------------|------------------|
| ___ Song Leading | ___ Canoeing | ___ Soccer | ___ Water Safety | ___ Sketching | ___ Fishing |
| ___ Bead Work | ___ Cookouts | ___ Dramatics | ___ Swimming | ___ Volleyball | ___ Skits |
| ___ Fire Building | ___ Archery | ___ Football | ___ Knot Tying | ___ Hiking | ___ Horseshoes |
| ___ Nature Study | ___ Story Telling | ___ Scavenger Hunts | ___ Magic | ___ Leather Craft | ___ Tie Dying |
| ___ Ceramics | ___ Photography | ___ Crafts | ___ Face Painting | ___ Softball | ___ 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**

| | |
|------------------------------------------|--------------------------------------------------------------|
| ___ Urine Testing | ___ Exercise and Diabetes |
| ___ Insulin Dosages | ___ Meal Exchanges/Carbohydrate counting |
| ___ Insulin Administration | ___ Growth and Development of School Aged Children |
| ___ Treating Hypoglycemia | ___ Dealing with Families of Children who have Diabetes |
| ___ Treating Ketoacidosis | ___ Dealing with School Situations of children with Diabetes |
| ___ First Aid for Children with Diabetes | ___ 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:** _____