



# DIABETES YOUTH SERVICES STAFF APPLICATION

PLEASE PRINT OR TYPE CLEARLY

Please attach or email a passport sized photograph. **This must be a true photo of you,** mugshots.net photos will not be accepted.

Name: \_\_\_\_\_ SS# (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Normal/Average T-shirt size: S M L XL

Address: \_\_\_\_\_ City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email : \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

Physician for Diabetes Care: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE CHECK THE PROGRAMS YOU ARE AVAILABLE TO STAFF:**

\_\_\_\_ **Big Shots Resident Camp**, June 20-25, 2010 age 18 or older (with diabetes preferred)

\*Includes Mandatory Staff Training at DCC and All Day/Overnight at Camp Libbey June 20th

\_\_\_\_ **Little Shots Day Camp**, July 26-30, 2010 age 14 or older, with diabetes preferred

**PLEASE CHECK ONE OR MORE AREAS IN WHICH YOU WOULD LIKE TO WORK/VOLUNTEER:**

\_\_\_\_ Counselor(Hgb A1C<9%) \_\_\_\_ Recreation \_\_\_\_ Health Care Team \_\_\_\_ Kitchen

**PREVIOUS CAMP COUNSELING EXPERIENCE:**

Camp/Program	Year	Position Held
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

**Please note that if you have served in a counseling capacity for more than two years at Little Shots Day Camp, others who have not enjoyed this opportunity will have priority.**

**PREVIOUS EMPLOYMENT:**

Employer	Position	Dates Employed	Reasons for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EDUCATION:**

High School: \_\_\_\_\_ Year of Diploma: \_\_\_\_\_

College or University: \_\_\_\_\_ Major: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Present/Intended vocation \_\_\_\_\_

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**QUALIFICATIONS**

This can include First Aid, Certified Life Guard, EMT and so on. Please state the date the qualification expires.

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**Please Note:** Copies of all certifications must be attached.

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**LEADERSHIP EXPERIENCE** List any special skills, talents, or interests you could share with us at camp

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**FOR MEDICAL STAFF ONLY:**

What license do you hold: \_\_\_\_\_

License Number: \_\_\_\_\_

In which states are you licensed: \_\_\_\_\_

Has your license ever been revoked? \_\_\_ YES \_\_\_ NO If "Yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of, convicted of, or had deferred adjudication of medical malpractice: \_\_\_ Yes \_\_\_ No If "Yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have malpractice insurance covering your service at camp? \_\_\_ Yes \_\_\_ No

Please attach the following copies and ✓ below:

\_\_\_ Current professional license \_\_\_ Proof of Liability/Malpractice Insurance

\_\_\_ Other Certification(s) \_\_\_\_\_

Have you ever been convicted of a felony: \_\_\_ Yes \_\_\_ No

I will complete a background check and drug screen before June 1, 2010 \_\_\_ YES \_\_\_ NO

**Why do you want to volunteer at DYS Camp?**

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**Do you have any physical restrictions?** \_\_\_\_ Yes \_\_\_\_ No  
**If "Yes" how we can accommodate you?**

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**References:** Please include the names of three references that will be contacted. These references should be non-relatives having knowledge of your character, experience and ability.

Reference Name	Relationship to you	Address	Phone number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.** I authorize investigation of all statements herein and release Diabetes Youth Services and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Diabetes Youth Services. **WAIVER:** In consideration of Diabetes Youth Services permitting me to participate at Diabetes Youth Services Camp, and acknowledging that physical activities while at camp have inherent risks, on behalf of my heirs, executors, administrators and assigns, I hereby waive, discharge, and release any and all rights and claims for damages, losses or expenses which I may have against Diabetes Youth Services, Camp Libbey, Sylvania Park District/Olander Park or any other camp facility and their management, as well as any other person connected with Diabetes Youth Services, their heirs, successors, executors, administrators and assigns, for any and all injuries which I may suffer while taking part in Diabetes Youth Services Camps or as a result thereof. I hereby give Diabetes Youth Services, their legal representatives or assigns, and those acting under their permission and upon their authority, permission to use my picture, and, if desired, my name in advertising and in all forms of publicity, without limit as to time. I further release Diabetes Youth Services from any liability for what I might deem misrepresentation of me by virtue of alterations, optical illusions or faulty mechanical reproduction in such advertising and/or publicity.

\_\_\_\_\_  
Staff/Volunteer Signature Date

\_\_\_\_\_  
Signature of parent or guardian (if under age 18) Date

**Return to:  
Diabetes Youth Services  
5871 Monclova Road, Maumee, OH 43537  
Fax: 419-887-8788  
Email: info@dys4kids.org**

**DEADLINE:** Forms must be submitted before **MAY 1, 2010** to secure staff position.  
Positions are filled on a first come, first serve basis.

**Questions or concerns regarding these forms please contact Mary at:  
419-887-8741 or email Mary@dys4kids.org**

# Voluntary Disclosure Statement

All camp personnel must complete this form each year.

For camp personnel under 18 the applicant and a parent or guardian must sign form.



Office Use Only	
Rate of Pay: _____	
Job Title: <input type="checkbox"/> Counselor <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Administrator <input type="checkbox"/> Dietitian <input type="checkbox"/> Food Service <input type="checkbox"/> Recreation/Exercise <input type="checkbox"/> Program	
Concurrent Employment _____	
Additional Background searches needed: _____ Drivers _____ Professional License	
Comments: _____	
Initials _____	Date ____/____/____

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_.

Other name you go by (e.g. maiden) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_

Current/Student Address: \_\_\_\_\_

(if different from above)

Current/Student Phone Number (\_\_\_\_) \_\_\_\_\_

Mail should be sent to: (Check One)  Home Address  Current Address

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female Marital Status:  Married  Single

Dependents:  Yes  No

For Medical Staff: License # \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Please list previous residence(s) for the past 5 Years including college.

Continue on a separate sheet if necessary.

Street Address	City Town	State/Zip Code	Dates of Residence

**Voluntary disclosure Statement – continued**

Name: \_\_\_\_\_

Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below? (circle YES or NO)

- **Indecent assault and battery on a child under 14 years of age** YES NO
- **Indecent assault and battery on a mentally retarded person** YES NO
- **Indecent assault and battery on a person 14 years of age or older** YES NO
- **Rape** YES NO
- **Rape of a child under 16 years of age with force** YES NO
- **Assault with intent to commit rape** YES NO
- **Kidnapping of a child under 16 years of age with intent to commit rape** YES NO
- **Distribution and trafficking of narcotics or other controlled substances** YES NO
- **Intent to commit any of the above crimes** YES NO

If you answered yes to any of the above, please explain: (Use a separate sheet if necessary.) \_\_\_\_\_  
\_\_\_\_\_.

Have you ever been found liable for civil penalties of damages involving sexual or physical abuse of children? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**. If yes, please explain. (Use a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Are you subjected to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order or protection? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**. If yes, please explain. (Use a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**. If yes, please explain. (Use a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

**I understand that:**

The camp may deny employment to any person who answers any of the questions above in the affirmative.

In applying for a camp position the information that I have furnished on the form is subject to verification, which may include a criminal history check and request from any central registry of child abusers.

The camp may terminate employment or voluntary service of any person:

- Found to have a history of complaints of abuse of a minor and /or
- Found to have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.

This disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

Staff members under age 18: Parent Signature \_\_\_\_\_

**Return by May 1, 2010 to Diabetes Youth Services.**

Complete this questionnaire **to tell campers and families** a little about yourself. All questions are optional. Your answers will be included with your photo as your biography. (Please keep in mind, your responses help the campers to relate to you.)

1. Favorite Pizza Topping: \_\_\_\_\_

2. Favorite Color: \_\_\_\_\_

3. I have diabetes (circle one) YES NO

If “yes” please tell which type and how long ago you were diagnosed

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4. If you have diabetes, what was/is your biggest challenge in day to day life with diabetes?

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5. Do you have a friend or relative with diabetes? (circle one) YES NO

If “yes” please describe who that person is to you and how diabetes affected your relationship with that person (respect privacy=names are not important)

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6. Have you ever been a diabetes camp counselor before? (circle one) YES NO

If “yes” please tell which camp and why you are coming back

If “no” please tell what made you want to counsel at a diabetes camp

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7. Did you attend DYS camps (as a camper) when you were younger? YES NO

If “Yes”, how many years have you been associated with DYS and what did you enjoy most about your camp experiences?

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8. My favorite outdoor activity is: \_\_\_\_\_

9. If I could color my hair any color of the rainbow it would be: \_\_\_\_\_

10. The weirdest thing in my refrigerator is: \_\_\_\_\_