

CAMP HICKORY HILL for DIABETIC CHILDREN 2010 STAFF EMPLOYMENT APPLICATION

Please return pages 2 TO 9 to **Camp Hickory Hill, P. O. 1942, Columbia, MO 65205**. The deadline for your application to be considered is **July 1, 2010** in order for us to schedule an interview for potential staff members.

Staff guidelines are available on our website for your review prior to applying. All accepted staff members must attend staff training with ID and sign our staff policies. Anyone unable to commit to these policies should not turn in an application.

NON-DISCRIMINATION POLICY

Camp Hickory Hill does not discriminate in any manner based on gender, race, color, religion, national origin, age or any other protected class or status, except that (1) all campers (other than children of staff) must have diabetes mellitus and be between ages 8 and 17 and (2) staff must meet minimum age requirements.

IMPORTANT 2010 DATES

There will be two days of mandatory staff training. All staff must attend.

July 16-17 Staff Training

July 18-29 Camping Session

MEDICAL AND DIET

Please be sure to complete the **Medical Information** form and **Medical Consent** form and return them with your application. This information can be essential during medical emergencies.

All staff at Camp Hickory Hill must be on a meal plan. If you do not presently have a meal plan, a dietitian will work with you during staff training to prepare one for you.

We must have your completed Physical Examination form (page 9) before you begin to serve on our staff. **Please be sure to mail the form prior to the start of camp.**

Diabetic staff must bring their blood glucose meter, test strips, control solutions, check paddles and/or check strips, calibration materials and extra batteries. Syringes, vials of insulin, alcohol wipes and safety disposal containers are provided. Those using insulin pens should bring them as well as extra cartridges of insulin. Those using insulin pumps should bring their "Operator's Manual" and all the pump supplies needed including extra reservoirs, batteries and infusion sets.

CAMP HICKORY HILL for DIABETIC CHILDREN 2010 STAFF EMPLOYMENT APPLICATION

Name: _____
(Last) (First) (Middle or MI)

This is my application for the 2010 Camp Hickory Hill Session:

_____ Full Session July 18-29 (all ages 7-17)

_____ Other (Specify Dates) _____

How firm are your plans?

_____ I will definitely be at Camp for the above marked dates.

_____ I want to be at Camp but am still making arrangements to do so.

TRAINING (ORIENTATION)

All staff must attend two days of training this year. There will be only one session to choose from, and attendance at camp this year is dependent upon completion of training. NO WALK-ON HELP WILL BE ACCEPTED.

_____ I will definitely be at Camp for training July 16 & 17!

POSITION(S) APPLIED FOR

Please place a **X** next to each position for which you are willing to volunteer:

_____ Cabin Counselor

_____ Office (phones, typing, computer)

_____ Sports (softball, soccer, basketball, volleyball, tennis, table tennis)

_____ Arts & Crafts

_____ Music (musical instrument or songs)

_____ Nature or Hiking

_____ Campfire Leader

Do you have any training relevant to camp activities?

Note: Staff must be at least 18 years old. Some positions require additional education, age, and/or certification.

Background checks are done on **all staff** through the Division of Family Services and the Missouri State Highway Patrol. This check will be at NO COST to the applicant.

TELL US ABOUT YOURSELF

Name: _____
(Last) (First) (Middle or MI)

Nickname? _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____

Home/cell phone: () _____

Work or School phone: () _____

Birth Date _____ Gender M or F

Person to contact in case of emergency:

(Name) (Relationship) (Phone #)

Note: We will include your name, address, phone number, e-mail address and birthday in the CHH newspaper for your camp session(s) unless you ask us not to.

Do you have a child under age 18 who will have to come to camp with you for you to be able to be on the CHH staff? (Please provide name(s), age(s), relationship and whether diabetic or non-diabetic):

EMPLOYMENT HISTORY: List all employment including military and volunteer service starting with the most current position held. .

Dates employed (month/year) From: _____ To: _____

Position title:

Organization Name/Address

_____ Full-time _____ Part-time, hrs/wk _____

Supervisor's Name/Title/Phone:

Reason for Leaving:

May we contact for references? ___ Yes _____ No

Duties:

Dates employed (month/year) _____ To: _____

From: Position title:

Organization Name/Address

_____ Full-time _____ Part-time, hrs./wk _____

Supervisor's Name/Title/Phone:

Reason for Leaving:

May we contact for references? ___ Yes _____ No

Duties:

EDUCATION

Highest degree earned: _____

If student, what degree & program? _____

Advisor _____
(Name) (Phone #)

May we contact your supervisor (or advisor)? _____

BACKGROUND CHECK AUTHORIZATION

Name: _____
All Maiden/Former Names or Alias: _____
Date of Birth ____/____/____ SSN: ____-____-____
Home Address: _____

(street) (city/town) (state) (zip)

Have you ever been convicted of a felony? YES NO
Have you moved in the last year? YES NO **Have you been married in the last year? YES NO**
Have you moved in the past seven years? YES NO
Have you been married/divorced/remarried in the last seven years? YES NO
Gender: ___Male ___Female **Marital Status:** ___Married ___Single

Voluntary Disclosure Statement

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

- Indecent assault and battery on a child under the age of 14 years of age YES NO
- 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
- Other YES NO

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

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? ___Yes ___No, If yes, please explain.

Are you subject 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.

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? ___Yes ___No If yes, please explain.

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 this 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.

VERY IMPORTANT! This form CANNOT be processed without the Applicant's Signature.

Signature: _____ Date _____

REFERENCES

Please provide three non-familial references. These should be people who know you very well and know how you relate with others.

1. Name: _____

Address: _____

Phone: (____) _____

Relationship _____

2. Name: _____

Address: _____

Phone: (____) _____

Relationship _____

3. Name: _____

Address: _____

Phone: (____) _____

Relationship _____

BACKGROUND CHECKS

Every year all potential staff members will have a child abuse and neglect background check done through the Division of Family Services and a criminal background check done by the Missouri State Highway Patrol using the Missouri Criminal Record Depository.

I authorize Camp Hickory Hill to request background checks on me as described above. I certify that all of the information provided on pages 6 through 12 of this staff application is true and correct to the best of my knowledge. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. (Please check to make sure you have provided your SS# on page 5)

(Applicant's Signature)

(Date Signed)

MEDICAL INFORMATION

Name _____ Age _____ Phone _____

Address _____

Do you have any medical conditions or illnesses? _____ If yes, explain: _____

Have you been tested for AIDS? () Yes () No

If Yes, did you test positive? () Yes () No

Do you take any medications? _____ If yes, list them: _____

Please list any past medical treatments you have had: _____

When, and for what, were you last hospitalized? _____

Do you have any allergies? _____ If yes, explain:

Medication Allergies: _____

Food allergies: _____

Other allergies: _____

When did you have your last TETANUS shot? _____

Have you had Hepatitis B vaccination? _____

What other immunizations have you had? _____

Your physician: _____ Phone #: _____

Address: _____

IF DIABETIC: **(BE SURE TO COMPLETE THE MEAL PLAN FORM)**

How long have you had diabetes? _____

Insulin: A.M. (amounts and types) _____

P.M. (amounts and types) _____

Other (amounts and types) _____

Do you have insulin reactions? _____ If Yes, how often and what time(s) of day? _____

Do you do blood glucose monitoring? _____ If Yes, and you use a meter, which one? _____

Do you use an insulin pump? _____ If Yes, which brand and model? _____

If done, your most recent Hemoglobin A1c result: _____

Signature _____ **Date:** _____

Staff Member

MEDICAL CONSENT

In the event of a medical emergency, illness or injury, if I am not competent at that time to make my own decisions, I hereby request and authorize the Camp Medical Director and/or other physicians or medical staff he/she may designate or consult to provide to me emergency medical and/or surgical treatment and/or hospitalization as deemed necessary.

If such a situation occurs, please notify:

Name: _____

Phone #: _____

Address: _____

Signature: _____

Staff Member

Staff Member's Name: _____

Phone Number: _____

Address: _____

Date Signed: _____

PHYSICAL EXAMINATION

Each staff person must have the following physical examination within six months prior to entering Camp Hickory Hill.

Name: _____ Date _____

Weight: _____ Height: _____ Temp.: _____ BP: _____

Is there any evidence of eye disease or impaired vision? _____

Describe* _____

Is there any evidence of illness or communicable disease? _____

Describe* _____

Is there any evidence of emotional problems? _____

Describe* _____

Is there any evidence of problems of mobility? _____

Describe* _____

Is there any evidence of heart or lung disease? _____

Describe* _____

Other physical abnormalities? _____

Describe* _____

In my opinion, the above named individual is capable of participating in an active camp program with the following exceptions: _____

* Include medications, other treatments and limitations.

Signature _____, M.D./D.O. Date _____

Address: _____ Phone: _____
