

# JOIN THE 2009 FLORIDA DIABETES CAMP TEAM!

**ARE YOU WILLING TO ACCEPT THE CHALLENGE OF HELPING KIDS?**

**ARE YOU READY TO LEARN MORE ABOUT YOURSELF?**

**ARE YOU WILLING TO PUT THE NEEDS OF OTHERS BEFORE YOUR OWN?**

**ARE YOU READY TO ENDURE HARD WORK, STRESS, SWEAT, RESPONSIBILITY, SLEEPLESS NIGHTS, LAUGHTER, FUN, CAMARADERIE, AND BEING A ROLE MODEL - ALL FOR A CHILD'S SMILE AND A HUG?**

## ***IF SO, WE INVITE YOU TO APPLY FOR A VOLUNTEER POSITION WITH THE FLORIDA DIABETES CAMP***

Each year over 700 youngsters participate in our programs. Our goal is to help youngsters with diabetes learn to handle their disease by sharing their needs with others who have diabetes and with caring adults. Camp is staffed by volunteer physicians, nurses, nutritionists, teachers and administrators. Counselors include health science students and health professionals as well as those who work or study in other fields. Our camp medical director is happy to write letters of recommendation for our volunteer staff. Because these letters are based on detailed knowledge of your performance in a challenging situation, the references can carry a great deal of weight with admissions committees and potential employers. One University of Florida Dean wrote: *"The educational opportunities you and your staff have provided at camp will prove invaluable to their careers...the experience has served to broaden their view of childhood disease."*

**See us at our website: [www.floridiabetescamp.org](http://www.floridiabetescamp.org)**

### **TO BE A COUNSELOR FOR FLORIDA DIABETES CAMP YOU MUST:**

1. Be 18 years of age or older.
2. Applications for all June camps should be received by April 30.
3. Preference given to applications for Winona Sessions received prior to April 30.
4. Have an interview with Camp Directors. Interview arranged upon receipt of application.
5. Have a background check conducted by Florida Department of Law Enforcement.
6. Notification of acceptance will be sent as soon as possible.
7. Staff is recruited on a strictly volunteer basis. There is no salary.

Returning staff may complete application update form available on-line or this application. Applicants who have never volunteered before must submit this completed form. **If you are accepted as a staff member, you will be expected to keep your commitment.** Staff members *must* attend the appropriate orientation training. NO EXCEPTIONS. Indicate on the application your first and second preferences for sessions.

Questions? Call the camp office at 352-334-1321 or e-mail [FCCYD@floridiabetescamp.org](mailto:FCCYD@floridiabetescamp.org)  
**Original application must be returned to: FCCYD, PO Box 14136, Gainesville, FL, 32604.**

**Please print clearly especially e-mail address and phone numbers. Thank You.**

### **2009 SUMMER CAMPS**

<i>Session</i>	<i>Camp Dates</i>	<i>Location</i>	<i>Age</i>	<i>Orientation (Required)</i>
Tallahassee	June 16 - 20	Quincy	7-11	June 14-15, Quincy
Cycling	June 13 – July 18	North Central, FL	15-18	TBA (Dates are tentative)
Pee-Wee	June 21 – June 26	Tampa	6 - 8	June 19 (6:00PM)-20, Tampa
Fun Sports	June 28 – July 3	Tampa	15-18	June 27, Tampa
Winona I	July 26 – August 3	DeLand	12-14	July 23-25, Gainesville/DeLand
Winona II	August 8 – August 15	DeLand	9 - 11	August 6-7, DeLand

### **2009 WEEKEND PROGRAMS**

<i>Program</i>	<i>Dates</i>	<i>Location</i>
Teen Weekend	January 23-25	DeLand
Palm Bch Fam Wkd.	February 20-22	Lake Worth
Crystal Fam Wkd.	March 13 – 15	Keystone Hts.
Tampa "Friend" Wkd.	April 18- 19	Tampa

# FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES, INC. (FCCYD)

## 2009 COUNSELOR/STAFF APPLICATION

(Please print clearly. If we can't read it, we can't contact you!)

Indicate your first and second choice for summer session (see list above for dates): First \_\_\_\_\_ Second \_\_\_\_\_

If these choices are unavailable, would you like to be considered for any additional summer camps?

If so, please circle to indicate your availability: Tallahassee PeeWee Cycling Sports Winona I Winona II

NAME: (Please Print) \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: (Please Print Clearly) \_\_\_\_\_

PHONE: (At School) ( ) \_\_\_\_\_ (Permanent Home) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

ADDRESS WHILE AT SCHOOL: \_\_\_\_\_ Apt. #: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Will you be at the school address all summer? \_\_\_\_\_ If not, date of move: \_\_\_\_\_ To where? \_\_\_\_\_

PERMANENT (HOME) ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do You Prefer Mail Sent To: Local (School) Address: \_\_\_\_\_ Home Address: \_\_\_\_\_ Other: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ Social Security Number \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

Name of School	Graduation Date	Major/Field	Degree
HIGH SCHOOL: _____			

COLLEGE: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

CAREER GOALS: \_\_\_\_\_

### EMPLOYMENT:

Are you currently employed: Y \_\_\_\_\_ N \_\_\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### PREVIOUS CAMPING EXPERIENCE:

Have you ever applied to be a staff member at Florida Diabetes Camp? \_\_\_ YES \_\_\_ NO Year if you did not attend \_\_\_\_\_

As a Camper (when, where): \_\_\_\_\_

As a Counselor or Recreation Staff (when, where): \_\_\_\_\_

List experiences working with youngsters and age ranges: \_\_\_\_\_

With what age-range do you prefer to work? \_\_\_\_\_

Your hobbies, interests, skills: \_\_\_\_\_

Current certifications: WSI: \_\_\_\_\_ Lifeguard: \_\_\_\_\_ CPR: \_\_\_\_\_ Archery: \_\_\_\_\_ Ropes: \_\_\_\_\_ Other: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Have you ever been convicted of a crime or arrested for other than a traffic violation? \* \_\_\_\_\_

Have you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? \_\_\_\_\_ If yes, list the date: \_\_\_\_\_ Explain offense and disposition below.

What relationship do you have to diabetes care (patient, nurse, doctor, student)? \_\_\_\_\_

List Allergies: \_\_\_\_\_ Have you been immunized for Hepatitis B? \*\* \_\_\_\_\_

Medications: \_\_\_\_\_ Staff T-Shirt Size (circle one) S M L XL

**REFERENCES:** List names and numbers of 3 persons **not related** to you and **not your roommates** whom we will contact (teachers, employers, supervisors, pastor)

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In case of emergency, please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Why do you want to become part of the FCCYD team?

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

How did you learn about FCCYD? \_\_\_\_\_

\*All applicants will be subject to a background check.

### STAFF USE DO NOT WRITE IN THIS SPACE

Date Received \_\_\_\_\_ Date Contacted \_\_\_\_\_ Left VM \_\_\_\_\_ Left Message w/Roommate \_\_\_\_\_ Sent Email \_\_\_\_\_  
Unable to leave message \_\_\_\_\_ Interview Arranged: Date \_\_\_\_\_ Time \_\_\_\_\_ Declined interview \_\_\_\_\_ Interviewed by \_\_\_\_\_  
Background Check: \_\_\_\_\_ References Called: \_\_\_\_\_ Waitlist: \_\_\_\_\_ Contract Received: \_\_\_\_\_ Entered in Database: \_\_\_\_\_