

# JOIN THE 2012 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.floridadiabetescamp.org](http://www.floridadiabetescamp.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@floridadiabetescamp.org](mailto:FCCYD@floridadiabetescamp.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.**

### **2012 SUMMER CAMPS**

<i>Session</i>	<i>Camp Dates</i>	<i>Location</i>	<i>Age</i>	<i>Orientation (Required)</i>
Sports	June 10 – June 15	Tampa	15-18	June 9, Tampa
Adventure	TBA	TBA	15-18	Limited number of new counselors accepted. Please contact office before applying
Pee-Wee	June 17 – June 22	Tampa	6 - 8	June 15 (6:00PM)-17, Tampa
Tallahassee	June 26 – June 30	Quincy	7-11	June 24-25, Quincy
Winona I	July 29 – August 5	DeLand	12-14	July 26-28, Gainesville/DeLand
Winona II	August 11 – August 18	DeLand	9-12	August 9-10, DeLand

### **2012 WEEKEND PROGRAMS**

<i>Program</i>	<i>Dates</i>	<i>Location</i>
Teen Weekend	January 27-29	DeLand
Palm Bch Fam Wkd.	February 10-12	Lake Worth
Crystal Fam Wkd.	March 9 – 11	Keystone Hts.
Tampa "Friend" Wkd.	April 21- 22	Tampa

**FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES, INC. (FCCYD)**  
**2012 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) \_\_\_\_\_

**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:** : \_\_\_\_\_ **Apt. #:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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

**PHONE:** Cell ( ) \_\_\_\_\_ Permanent Home ( ) \_\_\_\_\_ **CITIZENSHIP:** \_\_\_\_\_

**EDUCATION:**                      **Name of School**                      **Graduation Date**                      **Major/Field**                      **Degree**

HIGH SCHOOL: \_\_\_\_\_

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

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

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

**ARE YOU CURRENTLY EMPLOYED:** Y \_\_\_ N \_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

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

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

**BACKGROUND:**

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 and explain the offense and disposition on a separate sheet

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

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

Medications: \_\_\_\_\_

**T-SHIRT SIZE** (circle one) S M L XL

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

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Permanent Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**WHY DO YOU WANT TO BECOME A PART OF THE FCCYD TEAM?**

---

---

---

**HOW DID YOU LEARN ABOUT CAMP?**

---

**All Applicants Must Complete a Level 2 FBI Background Check Prior to Being Accepted as Staff**  
**Information Regarding This Process Will Be Supplied to You During Your Interview**