

FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES, INC. 2009 RETURNING COUNSELOR/STAFF UPDATE AND SESSION REQUEST

TO RETURN AS A STAFF FOR DIABETES CAMP ALL YOU NEED TO DO IS:

1. Submit the information below to update your file as soon as you know your schedule.
2. Please complete and return the enclosed form to us by **April 1, 2009** and we will make every effort to guarantee your placement.

If you are accepted as a returning staff member, you will be expected to keep your commitment and attend the appropriate orientation(s). If you have only attended as a camper you must fill out the application for New Staff. 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.

Return application to: FCCYD, PO Box 14136, Gainesville, FL, 32604.

NAME: (Please Print) _____ SEX: _____ AGE: _____

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

PHONE: (School) () _____ (Home) () _____ (Cell) () _____

SCHOOL ADDRESS: _____ 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 _____

Indicate year(s) _____ and session(s) _____ you attended as staff and in what capacity (circle) Cabin Counselor Recreation Staff Other

PLEASE UPDATE CHANGES IN EDUCATIONAL BACKGROUND OR GRADUATION:

Name of School Graduation Date Major/Field Degree

COLLEGE: _____

GRADUATE SCHOOL: _____

CAREER GOALS: _____

EMPLOYMENT: _____

Are you currently employed: Y _____ N _____ Where? _____ How Long? _____

Work Phone () _____ Title: _____ Supervisor: _____

Current certifications: WSI: _____ Lifeguard: _____ CPR: _____ Archery: _____ Ropes: _____ Other: _____

Have you been convicted of any crime since you came to camp other than a traffic violation? _____

List Allergies: _____ Have you been immunized for Hepatitis B? _____

Medications: _____ Staff T-Shirt Size S M L XL

In case of emergency, please contact: Name: _____ Relationship: _____

Work Phone Number: () _____ Home Phone Number: () _____

Indicate your first and second choice for a camp 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

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