

# FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES, INC. 2010 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, 2010** 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](mailto: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
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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?**

**Please circle to indicate your availability:** Tallahassee    PeeWee    Cycling    Sports    Winona I    Winona II

### 2010 SUMMER CAMPS

<i>Session</i>	<i>Camp Dates</i>	<i>Location</i>	<i>Age</i>	<i>Orientation (Required)</i>
Sports	June 13 – June 18	Tampa	7-11	June 12, Tampa
Adventure	June 19 – June 24	Fiesta Key	15-18	Limited number of counselors accepted. Please contact camp office before applying
Pee-Wee	June 20 – June 25	Tampa	6 - 8	June 18 (6:00PM)-19, Tampa
Tallahassee	June 29 – July 3	Quincy	7-11	June 27-28, Quincy
Winona I	August 1 – August 8	DeLand	12-14	July 28-31, Gainesville/DeLand
Winona II	August 14–August 20	DeLand	9 - 12	August 12-13, DeLand

### 2010 WEEKEND PROGRAMS

<i>Program</i>	<i>Dates</i>	<i>Location</i>
Teen Weekend	January 22-24	DeLand
Palm Bch Fam Wkd.	February 19-21	Lake Worth
Crystal Fam Wkd.	March 12 – 14	Keystone Hts.
Tampa "Friend" Wkd.	April 23- 25	Tampa