

FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES, INC. 2012 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, 2012** 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) _____

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:** _____

EXPERIENCE:

Indicate Year(s) _____ and Session(s) _____ you attended FCCYD as a staff member

In what capacity: Cabin Counselor Recreation Staff Other

With what age-range do you prefer to work? _____

Your hobbies, interests, skills: _____

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

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

COLLEGE: _____

GRADUATE SCHOOL: _____

CAREER GOALS: _____

ARE YOU CURRENTLY EMPLOYED: Y _____ N _____ Where? _____ How Long? _____

Work Phone () _____ Title: _____ Supervisor: _____

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

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

**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**