

Camp Hertko Hollow Staff Application

Please print

New applicant Former staff member Date of Application: _____ Social Security Number: _____

Name: _____ E-Mail: _____

Permanent Address: _____ College address: _____

City/St/Zip: _____ City/State/Zip: _____

Mail should be sent to: (Check One) Permanent Address College Address (until what date? _____)

Current Phone Number: (_____) _____ Work Phone Number: (_____) _____ (What hours? _____)

Cell Phone: (_____) _____ FAX: (_____) _____

What camp position are you seeking? Counselor Medical Student Dietetic Intern
 Physician Nursing Student Pharmacist
 Other _____ Nurse Dietitian Pharmacy Student

T-shirt size: Small Medium Large X-large XX-Large

Session you wish to volunteer:

A: June 26 July 2, 2005 (K 5th grades) Both sessions
 B: July 3 - July 9, 2005 (6 12th grades) Wherever needed

Family Camp weekends (circle): Oct 30-31, 2004 Dec 4-5, 2004 March 5, 2005

Age of Campers with whom you would prefer to work: 6-8 9-11 12-14 15-18 No Preference

Are you at least 18 years of age? YES NO Birthday: _____ Camp Staff must be age 18 or over.

 Month-day

Do you have any physical or mental disabilities that might prevent you from performing the essential functions of the position for which you are applying? YES NO If YES, do you have specific suggestions as to how we could accommodate your mental or physical disability? _____

Can you function on limited sleep? _____ (A reality of camp life at diabetes camp!)

Do you have any dietary restrictions such a low cholesterol, vegetarian, or food allergies? NO YES List brand names that you prefer for special diet.

Education: University & Degrees received _____

Major Field of study _____

Additional Professional Credentials that you hold: (CDE; RPh; RD; RN; MD, DO, FNP, etc.) _____

Current employer: _____ Supervisor: _____

Occupation: _____ Dates of employment: _____ Supervisor s phone: (_____) _____

List relevant camp, volunteer, or child care experience:

Dates				
Camp or Organization				
Supervisor				
Address				
Phone	()	()	()	
Position Held				

New Applicants Only

References (Give names/addresses of 3 persons not related to you who have knowledge of your character, experience, and ability.)

Name			
Address			
Day Phone/ Evening Phone			

What contributions can **YOU** make in the lives of children with diabetes while at camp?

Rate Your Knowledge: 0 = none 2 = some 3 = can assist 4= well versed & willing to teach topic to campers

- | | | |
|---|--|---|
| <input type="checkbox"/> Food Exchange System | <input type="checkbox"/> Exercise | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Insulin Pumps |
| <input type="checkbox"/> Blood Testing | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Ketoacidosis |
| <input type="checkbox"/> Carb Counting | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Dealing with Peer Pressure | <input type="checkbox"/> Injections | <input type="checkbox"/> Sick Days |
| <input type="checkbox"/> Diabetes Complications | <input type="checkbox"/> Injection Site Rotation | <input type="checkbox"/> Weight Control |

I'm interesting in helping with : Daily newsletter Crafts Office work Skits Leading Songs
 List other talents: _____

Have you ever attended a diabetes camp? _____ Explain: _____

DO YOU HAVE DIABETES? Circle: Yes or No Describe Pump, Insulin Pen, and Types of insulins that you use:

Provide other pertinent information regarding your application to be a staff member at Camp Hertko Hollow:

Mandatory for All Physicians and Nurses (New and Returning)

What license do you hold? _____

What states are you licensed in? _____

Please attach a copy of your current license for Iowa or documentation.

Has your license ever been revoked? YES NO

If YES, please explain:

Have you ever been accused of, convicted of, or had deferred adjudication of medical malpractice? YES NO

If YES, please explain:

Do you have malpractice insurance covering your service at camp? YES NO

I authorize investigation of all statements herein and release Camp Hertko Hollow, Inc. and all others from liability in connection with same. I understand that I will be a volunteer and receive no compensation for services. I understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery.

 Applicant's Signature

 Date

Mail to: Vivian Murray, Camp Director
 1701 E. Schwartz Blvd.
 Lady Lake, FL 32159

Questions? Call 888-437-8652