



2014 HEALTH CARE TEAM

APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

RETURN THIS APPLICATION TO:

The Barton Center for Diabetes Education, Inc.
Summer Staff Application
 P.O. Box 356, 30 Ennis Road
 North Oxford, MA 01537-0356
 Phone: (508) 987-2056
 FAX: (508) 987-2002
 www.bartoncenter.org

Clara Barton Camp	Camp Joslin	Barton Day Camp:
Charge Nurse	RN/LPN	Charge Nurse (All Day Camps)
Graduate Nurse (board pending)		__ Greenwich, CT 6/30—7/4
Social Work Intern	Dietitian Intern	__ Boston 7/7—7/11
Nursing Student		__ Worcester 7/14—7/18
Adventure		__ Northampton, MA 7/21—7/25
Other _____		__ New York City 7/28—8/1
		__ Long Island 8/4-8/8
		__ Long Island 8/11-8/15

Name: _____

Permanent Address: _____

City, State, Zip: _____

Telephone: (____) _____ Best Time to Call: _____

Cell phone: (____) _____

Mailing Address: _____

City, State, Zip: _____ Email Address: _____

Dates Available to work: _____ to _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Staff T-Shirt Size S M L XL 2XL 3XL

Do you have any physical or dietary restrictions? YES NO If so, how can we accommodate you?

Valid driver's license #: _____ State: _____

May The Barton Center use your photo and name for publicity? YES NO PHOTO ONLY

CURRENT/PREVIOUS EMPLOYMENT

Please include 3 references, and your resume.

EDUCATION

College/University: _____ Major _____

Expected date of graduation _____

LICENSES & REGISTRATION NUMBERS

Nursing: State of Licensure _____ Registration Number _____

Dietary: State of registration _____ Registration Number _____

Social Work: State of Licensure _____ Registration Number _____

CERTIFICATIONS

COPIES OF ALL CERTIFICATIONS MUST BE ATTACHED!

	Certification	Expiration Date
CPR and AED		
First Aid		
ACLS or PALS		
Wilderness First Aid (WFA)		
Wilderness First Responder (WFR)		
EMT		
Other		

PREVIOUS CAMPING AND CHILDCARE EXPERIENCE

Camper	Where?	_____	How Long?	_____
		_____		_____
Counselor	Where?	_____	How Long?	_____
		_____		_____
Other	Where?	_____	How Long?	_____
		_____		_____

ON A SEPARATE SHEET OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS: (There are no right or wrong answers, they just provide an insight for us to see who you are.)

1. Please tell us about your experience with an individual living with diabetes.
2. Please share an example of when you had to help an individual identify barriers and overcome them.
3. Please describe yourself as a role model for healthy behavior.
4. Please share the story of why you want to be a nurse.
5. Please share how you manage stressful situations.

The Barton Center for Diabetes Education, Inc. is an equal opportunity employer and always strives to employ the best qualified individual for the job based upon job-related qualifications and regardless of race, color, creed, sex, national origin, age, disability, sexual orientation or other legally protected group.

Please read carefully and sign below:

I authorize the investigation of all statements herein, and authorize a background review through various licensing agencies, Motor Vehicle Departments, Child Protective Services, and/or law enforcement agencies. I forever release, acquit, discharge, covenant to hold harmless and furthermore indemnify The Barton Center for Diabetes Education, Inc. its affiliates, agents, officers, directors, and employees (paid and volunteer), and all other persons associated with The Barton Center for Diabetes Education, Inc. from personal injuries, property damage, or liability in connection with the same. I understand that if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by The Barton Center for Diabetes Education, Inc. I understand that summer staff positions require residence at the camp facility during program sessions. I have read all the enclosed materials. I understand and agree to the routines and protocols as they are stated therein, and will govern my camp staff experience in accordance with these principles. I authorize The Barton Center to release or receive all medical records, for myself, including but not limited to those records pertaining to substance abuse and emotional or mental health.

I understand that The Barton Center will conduct drug testing as a means of ensuring employees' ability to safely and effectively perform their duties and take care of children.

I agree to submit to a professional drug screening and/or a drug-screening program, upon request of the Camp Director.

Applicant's Signature: _____ Date: _____