



2017 STAFF APPLICATION

CLARA BARTON CAMP
CAMP JOSLIN
BARTON DAY CAMPS

Returning New Staff

PLEASE TYPE OR PRINT NEATLY 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
www.bartoncenter.org

Name: _____ Age at camp: _____ Date of Birth (optional): _____

Permanent Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

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

Cell Telephone: (_____) _____ Most checked Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Specific dates for mailing if applicable: From: _____ To: _____

Dates available to work: _____ to _____ (Priority at Resident Camps will be given to applicants who can work entire summer)

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: _____

Please provide a copy of your driver's license.

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

CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE

Please provide a copy of your resume. Your resume should include prior work and volunteer history, including name of organization, address and phone number of a contact person at each place of employment or volunteer service for the past five years.

REFERENCES

Please provide 3 references whom we may contact. References **cannot** be relatives and should be knowledgeable about your character, experience, and ability. Examples are teacher/current or previous employer.

Name _____ Address _____ Email Address (required) _____ Phone # _____

PREVIOUS CAMPING EXPERIENCE:

POSITION: _____ WHERE: _____ HOW LONG: _____

How did you hear about this position? (Please be specific.) _____

*****Please rank, in order of preference, the positions for which you are applying*** (if a minimum age is required, this is indicated.)**

ALL Resident Camp Staff

Administrative Staff

- Assistant Director (21)
- Head Counselor (21)
- Counselors-In-Training Director (21)
- Program Director (21)

Resident Camp Staff

- Senior Counselors (Age 20+)
- Counselor (Age 18-19)
- Junior Counselor (Age 17)
- Photographer
- Administrative Assistant

Camp Specific Roles

CBC Program Staff

- Sports Leader
- Arts & Drama Leader
- Challenge Course Leader (18)
- Head Lifeguard (18)
- Archery Instructor (18)

Camp Joslin Secondary Roles

In addition to Administration or Counselor

- Arts & Crafts Leader (18)
- Archery Instructor (18)
- Waterfront Director (21)
- Improv/Drama Leader (18)
- Ping Pong, Pool & Games Leader (18)
- Music Leader (18)
- Nature Program Leader (18)
- Sports Leader (18)

Adventure Program

- New England Adventure Counselor (21+)

Day Camp Staff

- Assistant Director (21) (paid, all camps)
- Head Counselor (21) (paid, all camps)
- Counselor (18) (paid, all locations)
- General Staff (16) (volunteer)
- CIT Director (21) (paid, all camps)

For Day Camp Staff

Please choose the location(s) of interest:

- Greenwich (Rainbow Club): 6/26-6/30
- Worcester: 7/3 – 7/7
- Vermont Overnight Camp: 7/9- 7/14
- Danvers: 7/17 – 7/21
- Long Island 1: 7/24- 7/28
- Long Island 2: 7/31- 8/4

If you are interested in a Health Care Team position, please see separate Health Care Team application.

*Before checking off a position, please be sure that you meet the age requirement for the position.
*Resident camp Administrative Staff should be available from June 12-August 20, 2017.
*Resident camp Program Staff should be available from June 16-August 19, 2017.
* Other Resident camp staff should be available from June-19–August 13, 2017.
* Day Camp Assistant Director, CIT Director and Head Counselor positions should be available June 12-August 19, 2017. Counselor positions should be available June 19-August 13, 2017.
* All other Day Camp staff/volunteer positions should be available for the dates specified at each location.

Questions for applicants

1. What age group of campers would you like to work with? (Please rank in order of preference.)
 Ages 3-5 (Day Camp Only) Ages 6-9 Ages 9-12 Ages 12-14 Ages 14-16
2. What skills that will be valuable to you in the future would you like to learn, or improve upon, at camp this summer?
3. What positive differences do you want to see in the campers you work with as a result of camp?
4. What positive differences do you want to see in yourself as a result of camp?

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: _____

If under 18: Parent/Guardian Signature _____ Date: _____

If you are 18 or older, please note: You are considered an adult and we cannot discuss your employment status, performance, pay, medical or any other personal information with your parents. PLEASE DO NOT HAVE YOUR PARENT/GUARDIAN CONTACT US ON YOUR BEHALF.

CERTIFICATIONS (Please provide copies of your certifications. *Please also note: you MUST have your CPR/First Aid certification BEFORE camp begins on June 19, 2017.)

	Certification	Expiration Date
Lifeguard (LG)		
Water Safety Instructor (WSI)		
CPR and AED		
First Aid		
Wilderness First Aid (WFA)/ Wilderness First Responder (WFR)		
Challenge Course		
EMT		
Archery		
Other		

The Barton Center does not discriminate on the basis of economic status, race, religion, ethnicity, gender, gender identity, or sexual orientation.

Transportation Release

(For Staff/Volunteers under the age of 18)

This transportation permission slip is intended to cover numerous transportation scenarios. This information will remain on file until the completion of summer.

My child, _____, has my permission to be transported during time off in vehicles owned and operated by staff members employed by The Barton Center for Diabetes Education, Inc. for field trips, course-related activities, cultural and athletic events, time off and other camp-related business. Any staff member providing such transportation will be doing so outside their employment at Barton and any liability will remain with such staff member.

No Staff/Volunteer Counselor will be allowed to be transported from camp in a staff member's car unless this signed permission slip is on file with the camp. I understand that my child will be obliged to abide by the camp-based rules while participating in this program.

Applicant's Signature Date: _____

Parent/Guardian Signature Date: _____

Overnight Release

(For Staff/Volunteers under the age of 18)

It is strongly advised that minor staff/volunteers of The Barton Center for Diabetes Education, Inc. return home for exchange weekends in between sessions. The Massachusetts Board of Health requires parental consent in the event that these arrangements cannot be met, and preparations will be made for your child to remain on camp grounds.

I _____ hereby give consent for my child _____ to remain with the camp team during the week and over exchange weekends during the summer sessions or attend the residence of another volunteer or staff member in the event of not being able to return home and take full responsibility of my child while attending the residence of another volunteer or staff member when applicable.

I understand that this form will remain in effect until the end of my child's term with The Barton Center.

Applicant's Signature Date: _____

Parent/Guardian Signature Date: _____