

## The Barton Center for Diabetes Education, Inc. – Staff Code of Conduct

Please read each statement carefully, initial, and sign at the bottom of the page:

- I agree to uphold The Barton Center's policies and traditions as outlined in the staff manual.
- I understand I will be spending at least 20 hours a day living and working with campers and/or staff.
- I understand that I will receive one 24 hour period off each week, to be scheduled at the Director's discretion.
- I agree to participate in a paid weeklong Staff Training Program (2 weeks for Admin team, 1 ½ weeks for Program team and up to 2 weeks for new Health Care Staff and Health Care Leadership).
- I understand it is my responsibility as a staff member to supervise campers and participate in all assigned camp activities and diabetes management tasks.
- I understand that, if I have diabetes, I will be required to chart all information pertaining to my diabetes management.
- I will adhere to all Barton Center medical protocols and will comply with all directions given by the Health Care team.
- I agree to participate in cabin or infirmary coverage on a rotating basis as assigned by the administrative team. (Resident Camp Only)
- I agree to be a positive role model for the campers at The Barton Center. This includes proper personal hygiene, taking care of my health, dressing appropriately, keeping my personal area neat, getting enough sleep, and treating friends, co-counselors, other staff members, etc. with respect. There can only be one standard for both the campers and staff if our program is to be effective.
- I agree to strictly adhere to the "3 Deep Rule." A camper can never be alone with a counselor or other staff person, there must always be another person present, either another camper or another counselor. A staff member may never place themselves in, or allow a situation to continue, where they are alone with a camper/CIT. I also understand that a staff member should never be alone with campers in a private or secluded setting.
- I understand that The Barton Center is a drug free workplace. The manufacture, distribution, possession or use of non-prescribed controlled substances or illegal drugs or the misuse of prescription or non prescription medications while employed by The Barton Center is strictly prohibited and grounds for immediate dismissal.
- I understand that the use or possession of alcohol or recreational marijuana while on camp property or being under the influence of alcohol/recreational marijuana at any time is grounds for immediate dismissal.
- I understand that underage drinking, using tobacco products or underage use of recreational marijuana underage is grounds for immediate dismissal.
- I understand that the use of tobacco products including cigarettes and chewing tobacco while on camp property is grounds for disciplinary action, up to and including dismissal.
- I understand that The Barton Center may require drug testing as a means of ensuring employees' ability to safely and effectively perform their duties.
- I understand that I may be subject to alcohol breathalyzer monitoring at any time I am on camp property.
- I understand that sexual relationships on camp grounds between any staff members during the camp season are forbidden. I also understand that sexual relationships between staff and campers/CITs, at any time, are strictly forbidden. Such relationships will be grounds for disciplinary action, up to and including, dismissal. Friendships among staff members are encouraged.
- I understand that I am prohibited from becoming "friends" with any minors (campers, CITs, or volunteers) on social media, nor may I post photos of any minors (campers, CITs, or volunteers) on social media.
- I understand that during the period of my employment I represent The Barton Center while on and off camp property. I agree to behave respectfully and considerately toward others at all times.
- I agree to learn and uphold the American Camp Association (ACA) standards, OSHA regulations, and Board of Health requirements as they pertain to my job and the organization.
- I have read and understand the requirements and responsibilities of this position. I certify that all the statements contained in this application are true to the best of my knowledge. I understand that false statements shall be sufficient cause for dismissal.

Name (Please print) \_\_\_\_\_ Position \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Return this completed application to:

**The Barton Center for Diabetes Education, Inc.**  
**30 Ennis Road, P.O. Box 356, North Oxford, MA 01537-0356**  
Tel: (508) 987-2056