



# 2018 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	<input type="checkbox"/>
Camp Joslin	<input type="checkbox"/>
Barton Center Day Camps	<input type="checkbox"/>
Vermont Overnight Camp	<input type="checkbox"/>
Sam Fuld T1D Sports Camp	<input type="checkbox"/>

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

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/VOLUNTEER HISTORY

**Please provide a copy of your resume.** Your resume should include prior work and volunteer history, including name of organization, address, dates of employment or volunteer service, 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 nursing instructor or professor/current or previous employer.

Name	Address	Email Address	Phone #

## EDUCATION

College/University: \_\_\_\_\_ Major \_\_\_\_\_

Actual or expected date of graduation \_\_\_\_\_

## LICENSES & REGISTRATION NUMBERS

Nursing: State of Licensure \_\_\_\_\_ Registration Number \_\_\_\_\_

Dietary: State of registration \_\_\_\_\_ Registration Number \_\_\_\_\_

Social Worker or Psychologist: State of Licensure \_\_\_\_\_ Registration Number \_\_\_\_\_

**CERTIFICATIONS**

COPIES OF ALL CERTIFICATIONS MUST BE ATTACHED!

	<b>Certification</b>	<b>Expiration Date</b>
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 help us get to know you.)

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 chose your current college major or profession.
5. Please share how you manage stressful situations.

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

**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: \_\_\_\_\_