



2018 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)

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 list prior work and volunteer history **for the last five years**, including name of organization, address and phone number of a contact person at each place of employment or volunteer service. You may also attach a resume.

Company	Dates	Address	Supervisor Name	Email	Phone Number

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. No more than one current camp staff reference will be accepted.

Name	Address	Email Address (required)	Phone #
1) _____			
2) _____			
3) _____			

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

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

Resident Camp Staff

- ___ Senior Counselors (Age 20+)
- ___ Counselor (Age 18+)
- ___ 2nd Year CIT (Age 17)
- ___ Photographer
- ___ Administrative Assistant

Resident Camp Specialty Roles

- In addition to Administration or Counselor
- ___ Archery Instructor (18)
 - ___ Waterfront Director (21)
 - ___ Challenge Course Leader (18) (CBC)
 - ___ Arts and Crafts Leader (18) (CBC)

Adventure Program

- ___ Counselor (21+)

Day Camp Staff

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

For Day Camp Staff

- Please choose the location(s) of interest:
- ___ Greenwich (Rainbow Club): 6/25–6/29
 - ___ Sam Fuld T1D Sports Camp: 7/5–7/8
 - ___ Worcester: 7/16–7/20
 - ___ Vermont Overnight Camp: 7/8–7/13
 - ___ Danvers: 7/23–7/27
 - ___ Long Island 1: 7/30–8/3
 - ___ Long Island 2: 8/6–8/10

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 10–August 18, 2018.
 *Resident camp Staff should be available from June 17–August 18, 2018.
 * Day Camp Assistant Director/Program Director and Head Counselor/CIT Director positions should be available June 17–August 18, 2018.
 * 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 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 17, 2018.) There will be one lifeguard class that includes CPR/First Aid held at camp on a weekend prior to pre-camp. No other certification training will be held at camp.

	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 on days off. 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 on days off 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: _____