



# 2019 STAFF APPLICATION

CLARA BARTON CAMP   
 CAMP JOSLIN   
 BARTON DAY CAMPS (INCLUDES  
 VERMONT OVERNIGHT CAMP)

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): \_\_\_\_\_

Full Permanent Address: \_\_\_\_\_

Full Temporary Mailing Address: \_\_\_\_\_

Specific dates at temporary address if applicable: From: \_\_\_\_\_ To: \_\_\_\_\_

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

Most checked Email Address: \_\_\_\_\_ Staff T-Shirt Size: (S) (M) (L) (XL) (2XL)

Emergency Contact Information (If under 18, please list parent/legal guardian below):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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.

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

### EDUCATION

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

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

### CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE

Please list prior work and volunteer history in addition to clinical rotations (if applicable) 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. If you are able, please attach a resume or attach additional pages if needed.

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 camp staff reference will be accepted.

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

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

**PLEASE TYPE OR PRINT NEATLY ALL INFORMATION**

**\*\*\*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+)
- \_\_\_ Junior Counselor (Age 17)
- \_\_\_ Photographer
- \_\_\_ Administrative Assistant

**Resident Camp Specialty Roles**

- \_\_\_ Archery Instructors (18)
- \_\_\_ Waterfront Director (21)
- \_\_\_ Challenge Course Manager (20)
- \_\_\_ Arts and Crafts Leader (18) (CBC)

**Adventure Program**

- \_\_\_ Counselor (20+)

**Health Care Team**

- \_\_\_ Charge RN
- \_\_\_ RN
- \_\_\_ Health Care Counselor

**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): 6/24–6/28
  - \_\_\_ Vermont Overnight Camp: 7/7–7/12
  - \_\_\_ Worcester: 7/15–7/19
  - \_\_\_ Danvers: 7/22–7/26
  - \_\_\_ Long Island: 7/29–8/2

\*Before checking off a position, please be sure that you meet the age requirement for the position.  
 \*Resident camp Administrative Staff and New Health Care Team Members should be available from June 9–August 10 or August 16, 2019, depending on if you work Family Camp or not.  
 \*Resident camp Staff and Returning Health Care Team Members should be available from June 16–August 10 or August 16, 2019, depending on if you work Family Camp or not.  
 \* Day Camp Assistant Director/Program Director and Head Counselor/CIT Director positions should be available June 16–August 16, 2019.  
 \* All other Day Camp staff/volunteer positions should be available for the dates specified at each location.

**On a separate sheet of paper, PROGRAM APPLICANTS please answer 1-4: HEALTH CARE TEAM APPLICANTS please answer 5-9.**

(There are no right or wrong answers, they just help us get to know you.)

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?
5. Please tell us about your experience with an individual living with diabetes.
6. Please share an example of when you had to help an individual identify barriers and overcome them.
7. Please describe yourself as a role model for healthy behavior.
8. Please share the story of why you chose your current college major or profession.
9. Please share how you manage stressful situations.

**CERTIFICATIONS** (Please provide copies of your certifications. \* Please also note: you MUST have your CPR/First Aid certification BEFORE camp begins on June 16, 2019.) 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)		
ACLS or PALS		
Challenge Course		
EMT		
Archery		
Other		

**HEALTH CARE TEAM APPLICANTS—LICENSES & REGISTRATION NUMBERS**

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

**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.**

**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 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 Director.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18: Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT AND RELEASE**

I/my child/children/family members wish(es) to participate in a program operated by The Barton Center for Diabetes Education, Inc. ("the Program"). I acknowledge that participation in the Program activities can involve the risk of injury to me/my child/children/family members or damage to property of mine, my child/children/family members. I understand that, due to the nature of some of these activities, such risks cannot be eliminated. I further understand that Program staff will engage in diabetes management with me/my child/children/family members but that my/my child's/my children's/my family member's diabetes may increase some risks of participation.

On behalf of myself/my child/children/family members, I voluntarily accept all risk of injury to me/my child/children/family members resulting from my/his/her participation in the Program. In consideration of me/my child/children/family members being permitted to participate, I, on behalf of myself/my child/children, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of my/my child's/children's/family member's participation in the Program (including diabetes management, transportation and any other activities incident to such participation), and I hereby release, waive, discharge, hold harmless, covenant not to sue and covenant to indemnify The Barton Center for Diabetes Education, Inc. and its trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. (collectively "Releases"), with respect to any and all liability for any harm, injury, damage, cost or expense of any nature whatsoever, including but not limited to suffering and death, which I/my child/children/family member may incur, regardless of the cause, while participating in, or in transit to or from, the Program.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. If any provision of this Release is deemed so broad as to be unenforceable, such provision shall be interpreted to be only so broad as is enforceable.

I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.

Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

If under 18: Parent/Guardian Printed Name: \_\_\_\_\_

If under 18: Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

WITNESS TO PARENT/GUARDIAN SIGNATURE (If under 18):

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PUBLICITY RELEASE**

The Barton Center takes photographs/digital media at all Barton camps, programs, and events. I understand that whenever I/my child/children/family members are on camp property or at camp events, we may appear in photographs/digital media.

I, \_\_\_\_\_, hereby give permission for The Barton Center to use photographs/digital media of myself/my child/children/family members for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that "photo sharing" refers to electronic services that the organization may use in order to publish pictures taken during summer sessions on a restricted website for parents to view while their camper is with us at camp.

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