



2020 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

(This application and all releases on it will be valid throughout the entire 2020 calendar year. It applies to all Applications for Summer and Fall, Winter, Spring programs. If any information changes during the course of this period, it is the applicant's responsibility to notify The Barton Center.)

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 Instructor (18)
- ___ Waterfront Director (21)
- ___ Challenge Course Manager (21)
- ___ 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 camps)
- ___ General Staff (16) (volunteer)

For Day Camp Staff

- Please choose the location(s) of interest:
- ___ Greenwich (Rainbow Club): 6/29 – 7/3
 - ___ Vermont Overnight Camp: 7/5–7/10
 - ___ Worcester: 7/13–7/17
 - ___ Danvers: 7/20–7/24
 - ___ Long Island: 7/27–7/31

*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 7–August 8 or August 15, 2020, depending on if you work Session 5 or not. Session 5 is a coed week at either CBC or CJ depending on enrollment and replaces Family Camp.

*Resident camp Staff and Returning Health Care Team Members should be available from June 14–August 8 or August 15, 2020, depending on if you work Session 5 or not. Session 5 is a coed week at either CBC or CJ depending on enrollment and replaces Family Camp.

* Day Camp Assistant Director/Program Director and Head Counselor/CIT Director positions should be available June 14–August 8, 2020.

* 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 1-5: HEALTH CARE TEAM APPLICANTS please answer 6-10.

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

1. Why do you want to work at camp?
2. What age group of campers would you like to work with? (Please rank in order of preference.)
 ___ Ages 5-9 ___ Ages 9-12 ___ Ages 12-14 ___ Ages 14-16
3. What skills make you a good fit for your preferred age group?
4. What are some of your positive skills, and how can you bring those to camp?
5. What are some skills you need to work on, and how can you work on those skills at camp?
6. Please tell us about your experience with an individual living with diabetes.
7. Please share an example of when you had to help an individual identify barriers and overcome them.
8. Please describe yourself as a role model for healthy behavior.
9. Please share the story of why you chose your current college major or profession.
10. 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 14, 2020.) 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. Online CPR and Lifeguard certifications will NOT be accepted.

	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, including transportation to field trips off camp, 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.

Applicant's Printed Name: _____

Applicant's 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 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.

_____ Date: _____
Applicant's Signature

_____ Date: _____
Parent/Guardian Signature

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.

_____ Date: _____
Applicant's Signature

_____ Date: _____
Parent/Guardian Signature