



Dear Leader-in-Training I Applicant,

Every year we accept Leader-in-Training I participants to learn not only how to work with campers and staff in the camp environment, but also to gain valuable leadership skills. It is our goal that these skills will help in developing a good foundation for life at home, in the community, for university and college, and for the future. The LIT I program is the first step of a two year progressive program. This program is one that requires dedication, drive, maturity and the willingness to learn on the part of the participant. **This program, if successfully completed, gives its participants first priority in becoming staff at Bearskin Meadow Camp once the participant reaches 18 years of age.**

IMPORTANT DETAILS

Are you qualified to apply for the Leader-in-Training I Program?

- ✓ You must be 16 or 17 years of age.
- ✓ You must complete the application below **in full. (Must be completed by applicant not parent/legal guardian).**
- ✓ You demonstrate maturity, leadership skills, communication skills, a willingness to learn, and a positive attitude. You want to be a participant in the program.
- ✓ You have an interest in working with children.
- ✓ You do or do not have diabetes.
- ✓ You have or have not attended Bearskin Meadow Camp before.
- ✓ **You understand that this program is geared to develop your skills and in doing so you will be unable to return to “camper mode” as a teen camper after participating in the first year of the program.** If teen camp falls before the LIT program in the same summer you are welcome to be a teen camper as well as an LIT participant. Keep this in mind in should you choose to do the second year of the program.
- ✓ You will be expected to up-hold the mission of the Diabetic Youth Foundation.

Other important information you should know:

- ✓ This is a two year program consisting of LIT I & LIT II. While the first year of the program emphasizes the foundations of leadership, during the second year program most of your time is spent working & living with campers at Kids Camp.
- ✓ Space is limited in the LIT I program and will be reserved for applicants demonstrating maturity, leadership skills, communication skills and a positive attitude.
- ✓ You will be asked to undergo an interview for the LIT I program.
- ✓ Scholarships are available for the Leader-in-Training program.
- ✓ Upon completion of the LIT I program you will be provided, upon request, a community service letter that may used to fulfill hours of community service and volunteerism.
- ✓ Upon successful completion of this two year program with positive performance evaluations, you will be given top priority in becoming a staff at Bearskin Meadow Camp. However this is not a guaranty of employment.
- ✓ **While you, the applicant, are responsible for completing the application below, your parent/legal guardian, must send in the BMC Registration form (see final page) with a deposit. The deposit shall be held until you are accepted into the program. The registration form completed by your parent/legal guardian can be sent with this application or separately.**

HOW TO APPLY AS A LEADER-IN-TRAINING I APPLICANT:

1. Complete and send in, email or fax the application below to the Diabetic Youth Foundation. **Please print legibly. You must have a current email address to apply.**
2. Wait to be contacted by the Camp Manager, or LIT Director at which point an in-person or phone interview will be set-up & conducted. Initial contact by the Diabetic Youth Foundation occurs within three days of receiving the application by the organization, and may be made by phone or email.
3. Interview for a spot in the Leader-in-Training Program.
4. If accepted, you will be sent all of the necessary information to complete. Have you & your parent/legal guardian complete all paperwork and submit to the Diabetic Youth Foundation in a timely manner.
5. Expect a “Welcome to the LIT Program” package to arrive prior to the start of camp.
6. Get ready for a summer at Bearskin Meadow Camp that includes lots of growth, learning and adventure!

Mission of the Diabetic Youth Foundation:

To improve the quality of life for children, teens and families affected by diabetes. The Foundation provides education & recreation within a supportive community, encouraging personal growth, knowledge and independence.





2009 LEADER-IN-TRAINING I APPLICATION

This application is for those interested in applying to the Leader-in-Training I program. This program is for 16 & 17 year olds. Please note that the application must be completed by the applicant and not the legal guardian or parent. Please note that guardian/parent signatures are required on last page.

Mail Application To:

Jennifer Goerzen, Camp Manager
LIT Application
Diabetic Youth Foundation
5167 Clayton Road, Suite F, Concord, CA 94521
Phone: (925) 680-4994/Fax: (925) 680-4863, www.dyf.org, goerzen@dyf.org

U.S. FOREST SERVICE INFORMATION

Bearskin Meadow Camp is an equal opportunity program because acceptance and participation in the program are the same for everyone without regard to race, color, religion, national origin, age, sex or handicap. Discrimination in any form is strictly against agency policy and should be reported to the Secretary of Agriculture, Washington, D.C., 20250.

Bearskin Meadow Camp operates under a special permit from the Sequoia National Forest.

Applicant:

If you have any questions or concerns regarding the application process or camp life in general, please contact the Camp Manager at the above phone number, or by email at goerzen@dyf.org. PLEASE PRINT LEGIBLY. **Space is limited in the LIT I program and will be reserved for applicants demonstrating maturity, leadership skills, communication skills, willingness to learn, and a positive attitude. You must submit two references from teachers, volunteer coordinators, employers or community leaders.** Please do not use family, spouses, close friends, DYF employees, or partners as references. A copy of the personnel reference form follows this application.

Last Name: _____ First Name: _____

Date of birth (optional m/d/y): _____ Are you 16 years or older? Yes No

Mailing Address: Street: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: (____) _____

You must have a current email address to apply as an LIT to Bearskin Meadow Camp.

Current email address: _____

Program Availability: Please check the program session for which you are applying.

____ LIT I A	July 18 – July 30 Family Camp 1 & 2	____ LIT I B	Aug 1 – 13 Family Camp 3 & 4
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Please indicate if you are certified or licensed for any of the following. You must provide copies of your certification with this application:

	Expiration (m/d/y)	Granting Organization
Driver's License #: _____		
Standard First Aid		
CPR Infant, Child & Adult		
Life Guarding		
Water Safety Instructor		
Wilderness First Aid/Responder <small>(please circle)</small>		
Archery		
Other: _____		

Employment/Volunteer History - Please include recent jobs/volunteer positions related to camping, children, diabetes, school, clubs and so on.

Position:	Dates (m/d/y):	Employer/Supervisor:	Phone #:
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Please complete the following questions clearly and concisely. Please attach a sheet if necessary.

1. Why do you want to be a Leader-in-Training at Bearskin Meadow Camp?

2. How do you think being an LIT would be different from being a camper? How do you think you would handle those differences?

3. What would you like to say you got out of being an LIT when you have completed the program?

4. What do you believe is different about working with other people than working by yourself and what experiences have you had that would show that working with others is something that you can do well?

5. We're looking for young people who can "learn on the job" by watching & working with staff, asking questions, and following good examples of how to do things. Are there any experiences where you've learned how to do things by watching and working with other people? Please describe.

6. If you were in charge of a leadership program at a diabetes camp, what would be some of the topics you would teach to leaders your age?

7. In your opinion, what is the most important skill or quality to have in working at a residential summer camp? Please rank the following eight skills or qualities in order of importance to camp life. 1 is of highest importance, 8 is of lowest importance. Please explain your top "1" choice in the right hand space provided.

_____ Team working skills	_____ Knowledge of the outdoors	_____
_____ Active listening	_____ Discipline skills	_____
_____ Knowledge of diabetes	_____ Creativity	_____
_____ Public speaking skills	_____ Conflict resolution skills	_____

8. Please feel free to add anything else you would like us to know about you:

The following must be read by both LIT applicant & parent/legal guardian, and initialed by both. By reading and initialing the following you understand that as a potential LIT I:

Parent/Guardian Applicant

_____ Because I am underage, I am required to be supervised by a staff member at all times.

_____ I will not be permitted pay phone access during my time at camp. In the event of an emergency or need to touch base with home all phone calls will be made through the LIT Director and/or Camp Director.

_____ At no time will I ever be left alone with a camper.

_____ I must provide my own sleeping bag.

_____ Camp requires participation in a schedule of vigorous activities at an elevation of 6,000 feet. Excellent physical condition is required.

_____ I am a role model for children. Bearskin Meadow Camp has strict appearance and safety expectations. Appearance and attire must be appropriate. For example, jewelry, in piercing is only acceptable in the ear with non-dangling studs. Any tattoo that will be seen by campers must be of material appropriate for children. This is not meant as an all-inclusive list, other examples will be outlined in the Personnel Policies. **I understand that halter tops, low cut tank tops, and exposed midriffs/boxer shorts are not allowed.** The LIT Staff and Camp Manager's discretion will be used in regards to any appearance modification issues.

_____ The use of or possession of **RECREATIONAL DRUGS AND/OR ALCOHOL/AND OR THE USE OF TOBACCO PRODUCTS including cigarettes and tobacco on or around the camp property at any time during my camp stay will be grounds for immediate termination.**

_____ I understand that Bearskin Meadow Camp is a drug free environment. The manufacture, distribution, possession or use of controlled substances is strictly prohibited.

_____ Exclusive relationships and/or sexual contact in any nature with a camper, staff or another LIT is strictly prohibited.

_____ I am expected to learn, fully participate and work with children and my peers in a rigorous learning environment. I understand that if I have questions or concerns I am to take those immediately to the LIT Director and/or Camp Manager.

_____ I will respect myself and others, the facility and its surrounding property. I will not take others personal property or destroy facilities, personal property or surrounding areas.

_____ If I chose to drive my own car to camp I must have a parent/legal guardian sign a **LIT Transportation Authorization form.**

_____ As an LIT I will be evaluated on my performance. I understand that completion of the first year program does not guarantee acceptance in to the second year program.

_____ As part of the two-year LIT program, I may be required to do volunteer work during the transition year.

_____ 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. **In the case of dismissal program fees will not be refunded and I risk losing the privileges of participating in future camp programs either as a camper or as a staff.**

Name of Signing Parent (Please print) _____

Parent's Signature _____ Date (m/d/y) _____

Name of LIT Applicant (Please print) _____

Applicant Signature _____ Date (m/d/y) _____



Personnel Reference



Please return to:

Jennifer Goerzen, Camp Manager
LIT Reference
Diabetic Youth Foundation
5167 Clayton Road, Suite F
Concord, CA 94521
Fax (925) 680-4863

For more information please contact: Camp Manager at 925-680-4994 or by email at goerzen@dyf.org

Dear Bearskin Meadow Camp LIT Applicant,

This reference is to be completed by someone who knows you in a professional capacity. It can be completed by a professor, teacher, employer, coach, volunteer coordinator, and so. Please do not have family, relatives, friends or partners complete the reference. Please have the reference complete the form, seal it in an envelope and sign along the seal. It may be sent in with your application or sent directly to the Diabetic Youth Foundation at the above address. Please remember that you must submit two references. Please print this form two times. Once both references have been received along with your LIT application, down payment & BMC registration form, you will be contacted. Thank you.

To be completed by the LIT applicant:

Name of Applicant: _____

I authorize (name of reference) _____ to provide the Diabetic Youth Foundation with the information requested on this form and in a follow-up phone call. I release him/her from all liability for any damage incurred in giving this information.

Applicant's Signature _____ Date _____ (m/d/y)

To be completed by the reference:

The person named above has applied to volunteer at Bearskin Meadow Camp and has selected you as a reference. Bearskin Meadow Camp serves children, teens and families who are affected by diabetes. If hired, the applicant will be working closely with children, teens and families throughout the summer in a fairly intense work situation that requires excellent judgment and the ability to work well with people. The applicant will have a strong impact on children and families at our camp, be working in a very fast paced rustic environment, have significant responsibilities in child care and diabetes management, and will be sleeping under the stars, so we appreciate your honest evaluation and will hold all your statements in confidence.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please check the best description of the applicant in the following areas:

Leadership ability

- _____ Prefers to follow
_____ Makes some effort to lead
_____ Good ability
_____ Exceptional ability

Personality

- _____ Shy _____ Outgoing
_____ Reserved _____ Friendly
_____ Quiet
_____ Withdrawn

Emotional Temperament

- _____ Over-responds emotionally
_____ Somewhat immature
_____ Tends to be moody
_____ Generally balanced and controlled
_____ Well balanced and mature

Social Interaction

- _____ Avoided by others
_____ Tolerated by others
_____ Well liked
_____ Sought by others

On a scale from 1 to 5 (1=Poor, 5=Superior), rate the applicant in the following areas:

Attitude _____ Comments: _____

Dependability _____ Comments: _____

Willingness to work hard _____ Comments: _____

Quality of work _____ Comments: _____

Maturity _____ Comments: _____

Further comments (Particularly about the applicant's ability to work with children): _____

If your child (or a child of a good friend of yours) was going to a resident camp, would you trust this person to be their counselor or work closely with them as support staff? Yes No

On a scale of from 1 to 5 (1=Poor, 5=Superior, N/A=No basis for judgment), rate the applicant in these areas:

_____ Honesty & personal integrity	_____ Judgment
_____ Ability to work with others	_____ Initiative
_____ Ability to make friends	_____ Concern for others
_____ Tact & courtesy	_____ Flexibility
_____ Ability to accept and use of supervision	

Signature: _____ Date (m/d/y): _____

Print Name: _____ Title: _____

Organization: _____

Phone:(_____) _____

I am interested in receiving a brochure on the Diabetic Youth Foundation with information on multiple programs offered to children, teens and families affected by diabetes. Please note that you will not be added to a mailing list unless you contact the office and indicate interest after receiving the brochure. Yes No

Full Name : _____

Street: _____ City: _____

Zip Code: _____ E-Mail: _____

Thank you for your time and consideration!

2008 / 2009 REGISTRATION FORM

This form can be used to register for more than one program. Once your registration is received by DYF, you will receive additional information and forms. This additional paperwork must be completed and returned in order for your child to attend the program. **PLEASE PRINT ALL INFORMATION.**

2008/2009 DYF Program/Session	Participant's Last Name	Participant's First Name	Gender (M/F)	Date of Birth	Month/Year of Diagnosis	School Grade in Fall	Age At Program Yrs/Months	Previously Attended?	If yes, which years

FAMILY CAMP ONLY: # of attending adults _____ Total # of children _____ # of children under 3 at time of camp/program _____

Send mail to: Address _____ City _____ State _____ Zip _____

Email Address: _____

Provide information of parent(s) / legal guardian:

1. Name _____	2. Name _____
Relationship _____	Relationship _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Occupation _____	Occupation _____
Employer _____	Employer _____

Please let us know how you found out about DYF. If applicable, please provide name of specific person...so we can thank them!

Individual's name/organization _____ Web Other _____

FINANCIAL INFORMATION

Check one of the following regarding your ability to pay program fees.

Full fee will be paid at least 2 weeks prior to session Need Extended Payment Plan **A \$50 deposit is required per registration.**

Amount of deposit enclosed \$ _____ or Charge my Credit Card \$ _____

Type of Credit Card: Visa MasterCard Discover Card

Credit card # _____ Expiration _____ Today's date _____

Card Verification Code (Last 3 digits of code on signature line located on back of card) _____ Credit Card Billing Zipcode _____

Printed Name of Cardholder _____ Signature _____

SCHOLARSHIP INFORMATION

SCHOLARSHIPS ARE FOR BEARSKIN MEADOW CAMP & CAMP ARROYO OVERNIGHT PROGRAMS ONLY.

Need Payment Plan & Partial Scholarship Need Full Scholarship *If applying for a scholarship, please complete the enclosed "Scholarship Application Form" and submit it to DYF with your Registration Form.*

TRANSPORTATION INFORMATION

TRANSPORTATION IS FOR BEARSKIN MEADOW CAMP ONLY, UNLESS OTHERWISE SPECIFIED.

Transportation is available for Kids Camps and Teen Camp for a fee of \$60 each way. If you don't check an item in this section, we assume you will not need transportation provided by the DYF. **Transportation additions or removals must be made through the DYF office 2 weeks before camp begins. There is no guarantee that we are able to accommodate transportation needs. Space is limited.** Check a city below to request transportation (\$60 each way).

To Camp From:

Santa Rosa San Francisco Visalia Bakersfield
 Pleasant Hill Modesto Fresno Los Angeles

Home From Camp To:

Santa Rosa San Francisco Visalia Bakersfield
 Pleasant Hill Modesto Fresno Los Angeles

RETURN TO: Diabetic Youth Foundation: 5167 Clayton Road, Suite F, Concord, CA 94521 or FAX: 925-680-4863