



Requirements and Expectations for Leaders-in-Training I

Below is some information you should know and consider before applying to be a part of the Diabetic Youth Foundation's Leaders-in-Training Program at Bearskin Meadow Camp.

Program Information

- 🔥 This is a two year progressive program. The first year (LIT I) of the program emphasizes the foundations of leadership. The second year (LIT II) focuses on working with children in the camp environment during Kids Camp.
- 🔥 Space is limited in the LIT I and II program. Spots will be reserved for applicants demonstrating maturity, leadership, communication skills, and a positive attitude based upon information gathered from applications, references and interviews.
- 🔥 Applications and interviews are required for both phases of the program.
- 🔥 Limited scholarships and payment plans are available for both phases of the LIT program.
- 🔥 Upon successful completion of the LIT I program you will be provided, upon request, with a community service letter that you may use to fulfill hours of community service and volunteerism.
- 🔥 While you must submit a registration form and deposit, the deposit will be held until you are accepted to the program.
- 🔥 Upon successful completion of this two year program with positive performance evaluations, LIT participants will be given top priority in becoming staff at Bearskin Meadow Camp. However this is **not** a guarantee of employment.
- 🔥 Applicants who are accepted to the LIT program will be sent all of the necessary information including handbooks, packing lists and forms to complete.
- 🔥 Understand that this the LIT program is designed to develop skills and in doing so participants will be unable to return to Bearskin Meadow Camp's Teen Camp as a camper after participating in the first year of the program. If Teen Camp falls before the LIT I program in the same summer you are welcome to attend as a teen camper as well as an LIT participant.

Qualifications and Expectations for LIT I Applicants & Participants

- 🔥 Must be 16 or 17 years of age.
- 🔥 Open to both people with and people without diabetes.
- 🔥 Open to both people who have and have not attend Bearskin Meadow Camp previously.
- 🔥 Complete the application process in full including written application, two references, phone interview, registration and deposit.
- 🔥 Demonstrate maturity, leadership & communication skills, a willingness to learn, and positive attitude.
- 🔥 A desire and willingness to be an active participant in the program is crucial.
- 🔥 Uphold the mission of the Diabetic Youth Foundation listed below.
- 🔥 If accepted to the program, all required forms must be submitted to the Diabetic Youth Foundation by the stated deadline or risk losing their position in the program.

Mission of the Diabetic Youth Foundation

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

US 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.

LIT I APPLICATION

Please indicate any licenses or certifications that you currently hold:

	Expiration	Granting Organization
Driver's License #: _____		
Standard First Aid		
CPR Infant, Child & Adult		
Life Guarding		
Water Safety Instructor		
Wilderness First Aid/Responder		
Archery		
Other: _____		

Work & Volunteer History: Please list any recent job/volunteer positions you feel are relevant to the LIT program.

Position	Dates	Employer/Supervisor	Phone Number/Email

Please answer the following questions. Feel free to attach an additional sheet(s) 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. Please describe a time when you worked well with others, whether on a group project in school, a sports team, at home in the workplace or the like.

5. Please describe a time you learned how to do something by watching and working with other people.

6. If you were in charge of a leadership program at a diabetes camp, what are 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/qualities in order of importance to camp life. "1" is the highest importance, "8" is the lowest importance. Please explain your top choice in the space provided.

- | | | | |
|---------------------|-----------------------|--------------------------------|-----------------------|
| ___ Team Work | ___ Active Listening | ___ Diabetes Knowledge | ___ Creativity |
| ___ Public Speaking | ___ Outdoor Knowledge | ___ Conflict Resolution Skills | ___ Discipline Skills |

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

The following must be read and initialed by both the LIT applicant and a parent/legal guardian. By reading and initialing the following lines 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 or internet access during my time at camp. In the event of an emergency or need to communicate with home all phone calls will be made through/with the LIT Coordinator, Camp Director or designated DYF/BMC representative.
- _____ _____ At no time will I ever be left alone with a camper.
- _____ _____ I must provide my own sleeping bag.
- _____ _____ Camp and the LIT program require participation in a schedule of vigorous activities at an elevation of 6,000 feet. Excellent physical condition is required.
- _____ _____ I will serve as a role model for children. Bearskin Meadow Camp has strict appearance and safety expectations. Appearance and attire must be appropriate. For example, jewelry, piercing is only acceptable in the ear with non-dangling studs. Any tattoo that will be seen by campers must be material appropriate for children. **I understand that halter tops, low cut tank tops, spaghetti straps, and exposed midriffs/boxer shorts/undergarments are not allowed.** This is not meant as an all inclusive list, further examples will be outlined in the LIT Handbook. The LIT Staff and Camp Director's discretion will be used in regard to any appearance modification issues.
- _____ _____ The use of or possession of **RECREATIONAL DRUGS AND/OR ALCOHOL AND/OR THE TOBACCO PRODUCTS including cigarettes and chewing tobacco on or around the camp property at any time during a camp stay will be grounds for immediate termination of participation in the LIT program and may prevent participation in further DYF/BMC programs/events.**
- _____ _____ 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, fellow LIT participant or staff member is strictly prohibited.
- _____ _____ I am expected to fully/actively participate in the LIT program, 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 to my concerns to the LIT Staff and/or Camp Director.
- _____ _____ I will respect myself and others, the facility and its surrounding property. I will not take the personal property/belongings of others, nor 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 and have permission from the Camp Director in advance.
- _____ _____ As an LIT I will be evaluated on my performance. I understand that completion of the first year of the program does not guarantee acceptance to the second year program or as a staff member/volunteer.
- _____ _____ As part of the two-year LIT program, I may be required to do volunteer work during the school 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/DYF programs as a participant or as a staff member/volunteer.**

Printed Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date (m/d/y): _____

Printed Name of LIT Applicant: _____

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



Personal Reference

Please Return to:

LIT Reference

Diabetic Youth Foundation

5167 Clayton Road, Suite F., Concord, CA 94521

Fax: 925.680.4863

Email: goerzen@dyf.org

For questions or concerns please contact Jennifer Goerzen, Resident Camp Director, at 925.680.4994 or by email at goerzen@dyf.org.

This reference is to be completed by someone who knows the LIT applicant in a professional capacity. It may be completed by a teacher, employer, coach, volunteer coordinator, and the like. Please do not have family members, relatives, friends/peers or partners. Please have the reference complete the form, seal it in an envelope and sign along the seal. References may be sent with the completed application or sent separately directly to the Diabetic Youth Foundation at the address listed above. Please remember that you must submit TWO reference forms.

To Be Completed by the LIT Applicant

Printed Name of Applicant: _____

I authorize (print name of reference completing this form) _____
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.

LIT Applicant's Signature: _____ Date: _____

To Be Completed by the Reference Listed Above

The person named above has applied to be a part of the Leaders-in-Training program at Bearskin Meadow Camp and has selected you as a reference. Bearskin Meadow Camp serves children, teens and families affected by diabetes. If selected, the applicant will be working closely with children, teens, families and peers over the course of two weeks in a vigorous work environment that requires excellent judgment and the ability to work well with others. The applicant will have a strong impact on children and families at our camp, be working in a fast paced and rustic environment, have significant responsibilities in child care and diabetes management and will be sleeping under the stars. We appreciate your honest evaluation and will hold all of your statements in confidence. Thank you for your time.

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 (please check all that apply):

Leadership Ability

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

Personality

Shy
Reserved
Quiet
Withdrawn
Outgoing
Friendly

Emotional Temperament

Over responds emotionally
Somewhat immature
Tends to be moody
Generally balanced & controlled
Well balanced & mature

Social Interaction

Avoided by others
Tolerated by others
Well liked
Sought by others

REGISTRATION FOR DYF CAMPS/PROGRAMS

Registration form available online at www.dyf.org

Once your registration is received by the Diabetic Youth Foundation (DYF), you will receive additional information and forms. This and all other paperwork must be completed and returned for your family or children to attend programs. Please print/fill in all information and mail, fax or scan/email to the DYF office.

Program/Session	Participant's Last Name	Participant's First Name	Gender (M/F)	Date of Birth	Month/Yr Diagnosed	Grade in Fall	Age at Time of Program	Previously Attended?
Example: Family Camp 2	Simpson	Ellen	F	12/7/02	09/04	4th	10 yrs/ 6 mos	yes
FAMILY CAMP ONLY: # of adults _____ # of children under 2 at time of camp/program _____ Total # of children _____								

CONTACT INFORMATION FOR PARENT/GUARDIAN OF CHILD/TEEN

Send mail to: _____ City _____ State _____ Zip _____

Parent's e-mail: _____ Home phone (____) _____ Cell phone (____) _____

PARENTS/LEGAL GUARDIANS

1. Name _____	2. Name _____
Relationship _____	Relationship _____
Home phone (____) _____	Home phone (____) _____
Business phone (____) _____	Business phone (____) _____
Cell phone (____) _____	Cell phone (____) _____
Occupation _____	Occupation _____
Employer _____	Employer _____

Endocrinologist/Diabetes Care Provider AND Medical Center: _____

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

Individual-Name/Organization _____ Web (please list specific site): _____

Medical Center/Physician: _____ Other _____

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

Full fee will be paid at least 30 days prior to start of program Will use extended payment plan (valid credit card must be on file)

NOTE: \$150 deposit required for Bearskin Meadow Camp and BARC programs; \$100 deposit is required for Day Camps, Teens Take Tahoe, Spring Ed., Fall Ed. and Teens Only Retreats. A deposit is required at the time of registration for all programs even when applying for a payment plan and/or scholarship program. \$50 of all deposits are nonrefundable. Full payment is due at the time of registration for all other programs.

Amount of deposit enclosed: \$ _____ or Amount to charge credit card \$ _____

Type of credit card: Visa MasterCard American Express Discover

Credit card # _____ Expiration _____ Today's date _____

Card Security Code (Last 3 digits on back of card) _____ Billing zipcode _____

Printed name of cardholder _____ Signature _____

SCHOLARSHIP INFORMATION

Full and partial scholarships are available for all Bearskin Meadow Camp programs, BARC, Day Camps (for child with diabetes), Spring Ed., Fall Ed., and Teens Only (for teen with diabetes) Retreats.

Request payment plan & partial scholarship Request full scholarship NOTE: Full deposit required when registering including those requesting scholarships/payment plans. If applying for a scholarship, download a scholarship application at www.dyf.org or request one by calling 925-680-4994.

TRANSPORTATION

Bearskin Meadow—For a fee of \$150, round-trip transportation is available from the following locations to Bearskin Meadow for Kids Camp and Teen Camp only:

Concord Fresno Modesto Santa Rosa San Francisco

BARC—For a fee of \$150, transportation is available from San Jose. Please check this box if you would like to sign up for round-trip transportation from San Jose.

Please check off the city from which your child will need transportation. Transportation from Southern California is no longer available. If you don't mark a location, we assume you will not use transportation provided by DYF. Additions or cancellations must be made 30 days prior to the camp session. Space is limited and on a first-come, first-served basis.

Day Camps—Transportation is not provided by DYF for these camps, however, parents may arrange carpools to and from camp:

Please check here if you are authorizing DYF to release your contact information, including email address, to other families for carpool coordination for Day Camps

RETURN TO: Diabetic Youth Foundation; 5167 Clayton Road, Suite F; Concord, CA 94521. Fax: 925-680-4863. Email: info@dyf.org