
















SUMMER PROGRAM APPLICATION

Requirements and Expectations for Paid Staff, Program Volunteers and Healthcare Professional Volunteers at all DYF Summer Programs.

Below is some information you should know and consider before applying to be a part of the Diabetic Youth Foundation's Summer Camp Staff & Volunteer Team.

All paid staff, program volunteers and healthcare professional volunteers must:

-  Be at least 18 years of age or older.
-  Submit ALL required paperwork by the stated deadline upon hire.
-  Hold current and valid Infant, Child and Adult CPR certification with AED. Online courses are not valid. *Healthcare providers excluded.*
-  Hold current and valid Standard First Aid certification. Online courses are not valid. *Healthcare providers excluded.*
-  Hold a current and valid Food Handler's certificate. *Bearskin Meadow Camp ONLY. Healthcare providers excluded.*
-  Submit a driving record if 21 years of age or older and not a resident of California.
-  Have enthusiasm and a desire to learn about type-1 diabetes.
-  Be alcohol, drug and tobacco free at all DYF summer programs.
-  Attend the Staff Training programs designated for specific programs.
-  Be willing to sleep outside under the stars on open air deck platforms (at Bearskin Meadow Camp only). Visit our website and Facebook page for pictures. Healthcare professionals will be housed indoors in dormitory style housing.
-  Be willing to undergo a criminal background check conducted by the DYF, if from the United States. If you are from outside the US you are responsible for providing a certified background check.
-  Be responsible for their own transportation each day at Day Camp and to and from our resident camp programs.
-  Uphold the mission of the Diabetic Youth Foundation (see below).



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.



Diabetic Youth Foundation Summer Staff and Volunteer Application

This application is intended for anyone seeking a paid, volunteer or healthcare professional volunteer position at any one of the Diabetic Youth Foundation's summer camp programs including Bearskin Meadow Camp, Day Camps or (Formerly Camp De Los Ninos). If you would like to apply for a position at multiple programs only one application and set of references needs to be completed and submitted.

Application Process

1. Complete the application below and mail, scan/email, or fax to the Diabetic Youth Foundation's main office.
2. If you are seeking a PAID staff position and have never worked with the DYF please have **two** references complete the forms found at the end of this application. References may be sent in separately or with the application. References must be provided in two separate, sealed and signed envelopes. LIT graduates who are applying as staff members for the first time must submit two references.
3. We will confirm the receipt of your application and references with ten business days of receiving each time by email. Upon review of your completed application a DYF representative will contact you in regard to an interview.

Return Application To:

2012 Summer Application

5167 Clayton Road, Suite F. Concord, CA 94521

Fax: 925.680.4863

Email:

Bearskin Meadow Camp: Jennifer Goerzen, Resident Camp Director, goerzen@dyf.org

Day Camps: Misty Rivera, Day Camps Coordinator, rivera@dyf.org

(Formerly Camp De Los Ninos): Janet Kramschuster, Director of Programs, kramschuster@dyf.org

First Name: _____ Last Name: _____

Phone Number: (_____) _____ Are you 18 years of age or older? Yes No

Mailing Address (Please list the address where you *personally* receive & open mail on a REGULAR basis):

Street: _____ City: _____

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

Current Email Address: _____ @ _____

I am seeking a: paid position volunteer position healthcare professional volunteer position

Staff & Volunteer Availability: Please check the box next to the name of the program of which you are interested in a position.

BEARSKIN MEADOW CAMP:

Session	Dates	Session	Dates
__ Staff Training (REQUIRED)	June 10 – 15 (6 days)	__ Family Camp 2	July 21 – 26 (6 days)
__ Kids Camp	June 17 – 24 (8 days)	__ Family Camp 3	July 28 – August 2 (6 days)
__ Teen Camp	June 28 – July 8 (11 days)	__ Family Camp 4*	August 4 – 9 (6 days)
__ Family Camp 1	July 13 – 19 (7 days)		

* = Family Camp 4 is held entirely in Spanish; however, staff & volunteers do not need to speak Spanish in order to attend. Healthcare professional volunteers should be able to speak Spanish at this session.

DAY CAMP:

Session	Dates	Location	Special Notes
__ Staff Training (REQUIRED)	June 10 – 15 (6 days)	Bearskin Meadow Camp	Five night overnight stay required
__ Week 1	June 24 – 29 (6 days)	Oakland	
__ Week 2	July 8 – 13 (6 days)	Sacramento	On Site Housing Included
__ Week 3	July 15 – 20 (6 days)	East Palo Alto	

Staff Training is required for all staff as is a one day on-site training the Sunday prior to the start of each week. The on-site training dates are included in the dates for each session listed above.

– Formerly Camp De Los Ninos

Session	Dates	Location
__ Staff Training	To Be Determined	To Be Determined
__ Camp Prep Day (REQUIRED)	August 11	Camp Campbell, Boulder Creek (Santa Cruz Mountains)
__ Camp Dates	August 11 – 17	Camp Campbell, Boulder Creek (Santa Cruz Mountains)

Please check the positions in which you are interested.

Some positions have a minimum age requirement due to American Camp Association accreditation standards. Others require special certification, these positions are marked with an *, contact that DYF directly for further information. Not all positions available at every program.

Counseling Team - ALL

Counselor (18)

Management Team –BMC ONLY

Assistant Director (21)*

Counselor Supervisor (21)*

Program Coordinator (21)*

Program Assistant (21)*

Day Camp Assistant (21)* - *Day Camp Only*

Kitchen Team – BMC ONLY

Assistant Cook (18)

Preparation Cook (18)

Celiac Diets Cook (18)*

Dishwasher (18)

Dining Hall Host (18)

Program Team – BMC ONLY (Excluding Arts & Crafts)

Aquatics Coordinator (21)*

Archery Coordinator (21)*

Arts & Crafts Coordinator (21) – *DAY CAMP*

Backpacking Coordinator (21)*

Lifeguard (18)*

Nature Coordinator (21)

Nutritionist (21)*

Overnights/Out of Camp Trip Coordinator (21)

Leaders-in-Training Team – BMC ONLY

LIT Coordinator (21)*

LIT Counselors (20)

Healthcare Professional Team - ALL

Program Doctor (21)*

Program Nurse (21)*

Medical Student (21)*

Nursing Student (21)*

Other Healthcare Professional (21)*

Dietician (21)*

Teen Camp Program Team – BMC ONLY

Backpacking Coordinator (21)*

Dance Coordinator (21)

Day Trekking Coordinator (21)*

Fine Arts Coordinator (21)

Outdoor Gourmet Cooking Coordinator (21)

Performing Arts Coordinator (21)

Sports Coordinator (21)

Support Team - BMC ONLY

Infirmary Coordinator (18)*

Cleaner (18)

Maintenance Assistant (18)*

Camp Store Coordinator (18)

Office Assistant (18)

Qualifications: Each DYF summer program requires particular licenses and certifications. These licenses and/or certifications MUST be valid and not expire during your time at camp. These licenses do not need to be held at the time of application. Please see the cover page of this application for further details for each program.

Certification/Training	Expiration Date	Granting Organization
Standard First Aid		
Child and Infant CPR		
Adult CPR		
AED Training		
Food Handler Certification		
Lifeguard Certification		
Water Safety Instructor		
Wilderness First Aid		
Wilderness First Responder		
Archery		
Social Work		
Teaching Certificate		
Medical License		
Nursing License		
Other:		

Additional Training: Please list any other special training/workshops/conferences that you have attended that you feel would be beneficial to your employment at a DYF summer program. Returning applicants, please list any NEW training you have attended since you last work/volunteer experience at a DYF summer program. Please feel free to use an additional sheets if necessary.

Work/Volunteer History

Organization	Year(s) Worked/Volunteer	Supervisor Name & Phone Number

VOLUNTARY DISCLOSURE STATEMENT - Please provide a written explanation for any response marked "yes".

Please use an additional sheet if necessary.

Have you ever been arrested and/or charged with a crime? (This includes charges that have been dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes No

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes No

Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a person with mental retardation
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No

Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes No

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes No

I understand that:

- a) The organization may deny employment to any person who answers "yes" to any one of questions. If hired as paid staff or contracted as a volunteer, and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment or volunteer participation may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The organization may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - have a history of complaints of abuse of a minor;
 - have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - have falsified or omitted information in this disclosure statement.

d) This disclosure statement must be updated yearly.

Full Name: _____

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

Please Read Carefully & Initial:

_____ This is only a temporary position, from mid-June to end-of-August.

_____ I will spend a minimum of 22 hours a day living and working with children and adults at resident camp programs and a minimum of 8 hours a day at day camp programs.

_____ I will receive at least one 24 hour period off between each session. Time off varies throughout the summer.

_____ I must participate in a paid week long "Staff Training" without a day off.

_____ I realize that as a staff member, I am expected to supervise children and PARTICIPATE in all activities/games/special events and diabetes management routines.

_____ Paychecks are issued twice monthly. The Diabetic Youth Foundation does not cash paychecks or personal checks.

_____ **I must complete all necessary employee paperwork prior to my start date** and I must have current Standard First Aid, AED and Infant, Child & Adult CPR certification upon employment that will not expire until after camp ends. I also understand that further certification may be required depending the program I am employed by and my position within that program.

_____ Camp requires participation in a schedule of vigorous activities for those working at Bearskin Meadow Camp this activity is performed at an elevation of 6,000 feet. Excellent physical condition is required.

_____ Staff members are role models for children. Our programs have strict appearance and safety expectations. Appearance and attire must be appropriate. For example, jewelry 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 Resident Camp Director and/or Day Camp Coordinator's discretion will be used in regard to any appearance modification issues.

_____ I understand that 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 employment will be grounds for immediate termination.**

_____ I understand that all DYF summer and year round programs are s a drug free workplace. The manufacture, distribution, possession or use of controlled substances is strictly prohibited. I understand that the Diabetic Youth Foundation may conduct random drug testing as a means of insuring employees' ability to safely and effectively perform their duties.

_____ 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.

_____ I understand that I may be a bus/van monitor or driver to/from camp at least once during the summer.

_____ A background check will be performed by the Diabetic Youth Foundation verifying any criminal history. I may also be requested to provide my own certified background check. The background check must be dated within one year of the camp season and cannot expire during camp.

_____ 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.

Name (Please Print) _____

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

If you are **NEW** to DYF summer programs or a recent LIT graduate please answer the questions below. Please use an additional sheet if needed. If you are a RETURNING staff member, volunteer or healthcare professional it is not mandatory that you answer the questions below, unless requested to do so by the Resident Camp Director or Day Camps Coordinator.

1. Why are you interested in working/volunteering with the Diabetic Youth Foundation's summer programs?

2. The Diabetic Youth Foundation's philosophy is based upon community living, team work, and leadership. What contributions will you make toward this camp community?

3. Please list the most important skill or quality you feel one should have in order to work at a summer camp program. Please explain.

4. What do you foresee as being one of the biggest personal challenges for you while working/volunteering at a summer camp program?

5. Please list one to three goals you would like to accomplish/achieve this summer should you obtain a position with one of the Diabetic Youth Foundation's summer camp programs. These goals can be personal, professional or both.

6. Please list anything else you would like us to know when considering your application.

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.



PERSONAL REFERENCE

Please Return To:

2012 Summer Staff Reference
Diabetic Youth Foundation
5167 Clayton Road, Suite F Concord CA 94521
Fax: 925.680.4994
Email: goerzen@dyf.org or rivera@dyf.org

Dear Diabetic Youth Foundation Summer Program Paid Staff Applicant,

This reference is to be completed by two separate individuals who know you in a professional capacity. References may be completed by professors, employers, coaches, volunteer coordinators, and so on. Please **do not** have family, relatives, friends or partners complete the reference. **Please have each reference complete the form, seal it in an envelope and sign along the seal.** References 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 staff application, you will be contacted. Thank you.

To be completed by the staff 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 _____

To be completed by the reference:

The person named above has applied to work at a Diabetic Youth Foundation summer camp program and has selected you as a reference. The Diabetic Youth Foundation 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
Reserved
Quiet
Withdrawn
Outgoing
Friendly

Emotional Temperament

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

Social Interaction

Avoided by others
Tolerated by others
Well liked
Sought by others

Please rate the following the applicant in the following areas on a scale from one to five, with one being poor and five being superior. Please mark "N/A" for those areas where you have no basis for judgment. Please feel free to use additional sheets for comments if necessary.

Attitude ____ Comments: _____

Dependability ____ Comments: _____

Work Ethic ____ Comments: _____

Quality of Work ____ Comments: _____

Maturity ____ Comments: _____

Further Comments: _____

If your child (or a child of a good friend of yours) was going to a summer camp program, would you trust this person to 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), please rate the applicant in the following 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

Perseverance/Dedication to Commitments

Signature: _____ Date: _____

Print Name: _____ Title: _____

Organization: _____

Phone: (_____) _____ Email: _____

Please send me more information about the Diabetic Youth Foundation. Requesting this information will not add you to the DYF mailing list. If you'd like to be added please contact the DYF at info@dyf.org or at 925.680.4994.

Mailing Address: _____
Street Apt.

City State Zip