

# CAMP HICKORY HILL for DIABETIC CHILDREN 2008 STAFF EMPLOYMENT APPLICATION

You will find the following information pages (1 to 5) very helpful as orientation and camp session dates approach. Please return pages 6 to 15 to Camp Hickory Hill, P. O. 1942, Columbia, MO 65205. Although there is no absolute deadline we would like your application returned **by May 1, 2008** in order for us to make final plans for the camp sessions.

## INFORMATION

### NON-DISCRIMINATION POLICY

Camp Hickory Hill does not discriminate in any manner based on gender, race, color, religion, national origin, age or any other protected class or status, except that (1) all campers (other than children of staff) must have diabetes mellitus and be between ages 8 and 17 and (2) staff must meet minimum age requirements.

### IMPORTANT 2008 DATES

There will be two days of mandatory staff training. All staff must attend.

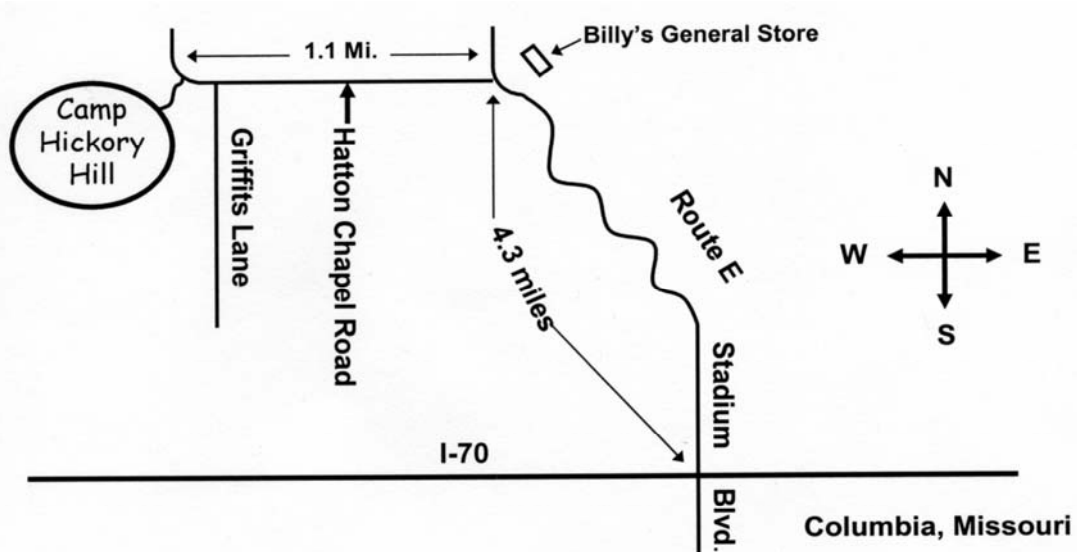
#### **June 6 and 7 Staff Training.**

Session 1 June 8 through June 18

Session 2 June 22 through June 29

### LOCATION AND MAP TO CAMP

Camp Hickory Hill is located 5 miles NW of Columbia, MO. From I-70, exit at Stadium Blvd. (Exit #124). Go north 4.3 miles on Stadium Blvd. (Stadium Blvd. changes names to Route E in the first mile). At Billy's General Store (on your right) turn left on Hatton Chapel Road. Go 1.1 miles west on Hatton Chapel Road to the camp sign and gate on your left.



## MEDICAL AND DIET

Please be sure to complete the **Medical Information** form and **Medical Consent** form and return them with your application. This information can be essential during medical emergencies.

All diabetics at Camp Hickory Hill must be on a meal plan. Non-diabetics are also encouraged, but are not required, to be on a meal plan. If you do not presently have a meal plan, a dietitian will work with you during staff training to prepare one for you.

**Physical Examination Form.** In order to meet the standards of the American Camp Association, we must have your completed Physical Examination form (page 17) before you begin to serve on our staff. **Please be sure to mail the form.**

**Diabetic staff must** bring their blood glucose meter, test strips, control solutions, check paddles and/or check strips, calibration materials and extra batteries. Syringes, vials of insulin, alcohol wipes and safety disposal containers are provided. Those using insulin pens should bring them as well as extra cartridges of insulin. Those using insulin pumps should bring their "Operator's Manual" and all the pump supplies needed including extra reservoirs, batteries and infusion sets.

### MAIL

Mail to staff should be addressed to:

[Staff Member's Name]  
Camp Hickory Hill  
P.O. Box 1942  
Columbia, MO 65205

### CELL PHONE POLICY

Cell phones are not allowed at Camp Hickory Hill. You agree to check them in upon arrival. It may be checked out during your assigned 1 hour break & returned by the end of that break. **NO CELL PHONES ARE ALLOWED IN CABINS.**

### CAMERAS

Certain staff members will be assigned to take pictures of camp activities. **NO CAMERAS ARE ALLOWED.** If you wish to be considered for taking photographs, please contact the camp director.

### RECOMMENDED ITEMS FOR CAMP

Nondiabetic medications (Label with your name)	Toilet articles (deodorant, shampoo, toothpaste, toothbrush, shaving articles, etc)*
Blood glucose meter & supplies	Dietetic gram scale (If you have a Hanson model 1440 or Pelouze model YG-500R, please bring it)
3 bath towels; 2 washcloths	<i>Really</i> old clothes, old sneakers and boots for the mud pit and cave
Large beach towel	Swim suit; swim cap
Blankets & 2 sheets; or sleeping bag	2 pairs jeans/sweats
Flashlight & extra batteries	3 pr. Sneakers (& hiking boots, if you have them)

7-10 pair of socks	Insect repellent*
10 changes of underwear	Tennis racket and tennis balls
7 pr. walking or athletic shorts	Night clothes
Jacket or sweatshirt	Softball glove
10-12 shirts or tee shirts	Fishing equipment
Pillow; pillow case	Rain coat/poncho
Laundry bag	Musical instrument
Handkerchiefs/ Kleenex	Hat/ visor/ sunglasses
Water shoes (aqua socks)	Sunscreen

\*FOR SAFETY REASONS, AEROSOL CANS ARE NOT ALLOWED. Please bring any such items in pump spray bottles or roll-on containers.

We do have laundry service at camp. You should, however, plan to bring enough clothing for one week. It gets hot at camp, and you sometimes will need more than one set of clothing in a day.

### CABIN SKITS

A great tradition at Camp Hickory Hill is skits night. Each cabin presents a skit, and a non-cabin staff member usually present one or two. Do you have a favorite skit you can introduce to our camp? Check those skits books you might have at home, or call your friends who went to camp as kids. Good, clean skits are fun, especially when new ones are introduced to camp.

### CAMP THEME

This year's camp theme will be Totally 80s! So make sure to pack that mullet wig, your Molly Ringwald dress, and those Olivia Newton-John tapes!

### "G" RATED CAMP

We are a "G" rated camp, and do not permit off-color language, shady references, inappropriate books, magazines, decorations, graffiti or music, tasteless clothing or inappropriate behavior. Staff is not permitted to "date" campers. **When choosing clothing remember: Clothing with alcohol, tobacco, illegal drug or similar logos or messages is not permitted.** Staff and campers are expected to wear appropriate clothing with limited exposure. What is appropriate clothing will be at the discretion of the Executive Committee.

### MOTOR VEHICLES

Keys to cars are to be turned in upon arrival. No staff member is permitted to leave the premises during camp sessions.

CAMP HICKORY HILL  
DRUG & ALCOHOL POLICY

The Camp Hickory Hill Board of Directors has adopted the following Drug & Alcohol Policy (hereafter, "THE POLICY"). A staff application cannot be accepted unless the applicant signs where indicated below.

1. Every person who applies to become, or becomes, a staff member agrees to THE POLICY; and understands s/he is subject to being requested by the camp Executive Committee to undergo a urine substance test.
2. The Executive Committee shall decide which staff member(s)/applicant(s) shall be requested to undergo a urine substance test.
3. Any staff member/applicant who refuses to undergo a urine substance test, or to provide the urine sample as provided in paragraph 5 of THE POLICY, shall be subject to the same repercussions as a staff member/applicant who tests positive.
4. The term "Illegal Drug" means any substance illegal under Missouri or Federal law. This includes prescription drugs which have not been prescribed or ordered specifically for the staff member/applicant by a person licensed and authorized to prescribe drugs.
5. The staff member/applicant shall provide the urine sample at the time, at the place and subject to supervision as determined by the camp Medical Director.
6. After the urine sample has been provided and until the test results are received, the staff member may (at the discretion of the Executive Committee) be relieved of some or all staff duties or may be reassigned to different duties.
7. If the urine test result is positive for one or more Illegal Drugs, the Executive Committee shall so advise the staff member/applicant. If an applicant, s/he shall not be accepted as a staff member for that year; nor for any future year until successfully undergoing the "Reinstatement Process." If a staff member, s/he shall leave the camp property immediately, shall no longer be a staff member for the remainder of that year and shall not be accepted as a staff member for any future year until successfully undergoing the "Reinstatement Process."
8. While camp is in session, no staff member shall have alcohol on her/his breath at any time s/he is on the camp property or when s/he is at an offsite camp-sponsored event (e.g., dance or other camp-sponsored event in town).
9. While camp is in session, possession of alcohol on the camp property (including in one's motor vehicle if on the camp property), drinking alcohol on the camp property or being under the influence of alcohol while on the camp property is a violation of THE POLICY.

10. Any staff member who violates paragraphs 8 and/or 9 of THE POLICY shall be immediately dismissed from the staff by the Executive Committee, shall no longer be a staff member for the remainder of that year and shall not be accepted as a staff member for any future year until successfully undergoing the "Reinstatement Process."
11. The "Reinstatement Process" requires the individual to (1) appear before the Camp Board, request reinstatement and demonstrate why reinstatement is in the best interests of the camp, (2) provide all information and undergo all testing the Board requests, and (3) receive favorable vote of not less than five and not less than a simple majority of elected Board members (whichever is greater) to be eligible to become a staff member.
12. The staff member/applicant hereby authorizes the Camp Medical Director or his/her designee to share the results of the urine substance test with each member of the Executive Committee. In the event the staff member is dismissed from camp pursuant to THE POLICY, s/he hereby authorizes the Camp Director or Acting Camp Director to explain the staff member's departure by announcing to all campers and staff that "[Name of staff member] was dismissed for violation of a camp rule."
13. All "over the counter" drugs which may cause impairment (antihistamines and others as determined by the judgment of the Medical Director or his/her designee) and all prescription drugs prescribed for the person taking them are permitted. However, all such substances must be made known to the Medical Director or his/her designee. Such substances shall be kept locked up either in the Needle Shack, in a locker in the Block House or Blood Shed, in the person's vehicle or in a special locked container in his/her personal quarters such as a cabin or tent but not be in a cabin or tent where campers reside or have access. If in the judgment of the Medical Director or his/her designee the person may be impaired by the use of such substances, s/he shall not be permitted while so impaired to be responsible for the direct care of campers or to operate equipment which might endanger him/herself or others.
14. THE POLICY applies to all camp staff including part time staff, full time staff, volunteer staff, paid staff, members of the Board of Directors who are staff members and ex officio members of the Board of Directors who are staff members. THE POLICY also applies to all applicants for staff status.

# CAMP HICKORY HILL for DIABETIC CHILDREN 2008 STAFF EMPLOYMENT APPLICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle or MI)

This is my application for the following Year 2008 Camp Hickory Hill Session(s):

- Session I: Sun. 6-8-08 through Sun. 6-18-08 (ages 13 to 17)
- Session II: Sun. 6-22-08 through Sat. 6-29-08 (ages 8 to 12)
- Both Sessions
- Other (Specify Dates) \_\_\_\_\_

How firm are your plans?

- I will definitely be at Camp for the above marked dates.
- I want to be at Camp but am still making arrangements to do so.

### TRAINING (ORIENTATION)

All staff must attend two days of training this year. There will be only one session to choose from, and attendance at camp this year is dependent upon completion of training. NO WALK-ON HELP WILL BE ACCEPTED.

- I will definitely be at Camp for training June 6 and 7!

### POSITION(S) APPLIED FOR

Please place a X next to each position for which you are willing to volunteer:

- |  |  |
|--|--|
| <input type="checkbox"/> Sports (softball, soccer, basketball, volleyball, tennis, table tennis) | <input type="checkbox"/> Office (phones, typing, computer) |
| <input type="checkbox"/> Music (musical instrument or songs)                                     | <input type="checkbox"/> Campfire Leader                   |
| <input type="checkbox"/> Nature or Hiking  | <input type="checkbox"/> Arts & Crafts                     |

Do you have any training relevant to camp activities?

\_\_\_\_\_

**Note:** Staff must be at least 18 years old and a high school graduate (or equivalent). Some positions require additional education and/or certification. Background checks are done on all staff through the Division of Family Services and the Missouri State Highway Patrol. This check will be at NO COST to the applicant.



**EMPLOYMENT HISTORY:** List all employment including military and volunteer service **starting with the most current position held.** Show employment history for at least 5 years or from the time you left school. Use extra sheets if needed. Explain gaps in employment history.

Dates employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Position title:

Organization Name/Address

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time, hrs/wk \_\_\_\_\_

Supervisor's Name/Title/Phone:

Reason for Leaving:

May we contact for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

Duties:

\_\_\_\_\_

Dates employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Position title:

Organization Name/Address

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time, hrs./wk \_\_\_\_\_

Supervisor's Name/Title/Phone:

Reason for Leaving:

May we contact for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

Duties:

\_\_\_\_\_

**EDUCATION**

Highest degree earned: \_\_\_\_\_

If student, what degree & program? \_\_\_\_\_

Advisor \_\_\_\_\_  
(Name) (Phone #)

May we contact your supervisor (or advisor)? \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**

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

All Maiden/Former Names or Alias: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city/town) (state) (zip)

**Have you ever been convicted of a felony? YES NO**

**Have you moved in the last year? YES NO Have you been married in the last year? YES NO**

**Have you moved in the past seven years? YES NO**

**Have you been married/divorced/remarried in the last seven years? YES NO**

**Gender:** \_\_\_ Male \_\_\_ Female **Marital Status:** \_\_\_\_\_ Married \_\_\_\_\_ Single

**Voluntary Disclosure Statement**

**Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below? (circle YES or NO) YES NO**

Indecent assault and battery on a child under the age of 14 years of age YES NO

Indecent assault and battery on a mentally retarded person YES NO

Indecent assault and battery on a person 14 years of age or older YES NO

Rape YES NO

Rape of a child under 16 years of age with force YES NO

Assault with intent to commit rape YES NO

Kidnapping of a child under 16 years of age with intent to commit rape YES NO

Distribution and trafficking of narcotics or other controlled substances YES NO

Intent to commit any of the above crimes YES NO

Other YES NO

**If you answered yes to any of the above, please explain:** (use a separate sheet if necessary)

\_\_\_\_\_

**Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? \_\_\_Yes \_\_\_ No, If yes, please explain.**

\_\_\_\_\_

**Are you 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 If yes, please explain.**

\_\_\_\_\_

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

\_\_\_ Yes \_\_\_ No If yes, please explain.

\_\_\_\_\_

**I understand that:**

The camp may deny employment to any person who answers any of the questions above in the affirmative.

In applying for a camp position the information that I have furnished on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers.

The camp may terminate employment or voluntary service of any person:

- Ⓢ Found to have a history of complaints of abuse of a minor and/or
- Ⓢ Found to 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.

**VERY IMPORTANT! This form CANNOT be processed without the Applicant's Signature.**

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

REFERENCES

Please provide three non-familial references. These should be people who know you very well and know how you relate with others.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_



MEDICAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have any medical conditions or illnesses? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you been tested for AIDS? ( ) Yes ( ) No

If Yes, did you test positive? ( ) Yes ( ) No

Do you take any medications? \_\_\_\_\_ If yes, list them: \_\_\_\_\_

Please list any past medical treatments you have had: \_\_\_\_\_

When, and for what, were you last hospitalized? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If yes, explain:

Medication allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

When did you have your last TETANUS shot? \_\_\_\_\_

Have you had Hepatitis B vaccination? \_\_\_\_\_

What other immunizations have you had? \_\_\_\_\_

Your physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**IF DIABETIC:****(BE SURE TO COMPLETE THE MEAL PLAN FORM)**

How long have you had diabetes? \_\_\_\_\_

Insulin: A.M. (amounts and types) \_\_\_\_\_

P.M. (amounts and types) \_\_\_\_\_

Other (amounts and types) \_\_\_\_\_

Do you have insulin reactions? \_\_\_\_\_ If Yes, how often and what time(s) of day? \_\_\_\_\_

Do you do blood glucose monitoring? \_\_\_\_\_ If Yes, and you use a meter, which one? \_\_\_\_\_

Do you use an insulin pump? \_\_\_\_\_ If Yes, which brand and model? \_\_\_\_\_

If done, your most recent Hemoglobin A1c result: \_\_\_\_\_

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

Staff Member

## MEDICAL CONSENT

In the event of a medical emergency, illness or injury, if I am not competent at that time to make my own decisions, I hereby request and authorize the Camp Medical Director and/or other physicians or medical staff he/she may designate or consult to provide to me emergency medical and/or surgical treatment and/or hospitalization as deemed necessary.

If such a situation occurs, please notify:

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

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Staff Member

Staff Member's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Revised October 2002

MEAL PLAN

If presently following a meal plan, please complete this sheet and enclose it with your application.

Name \_\_\_\_\_ Calories \_\_\_\_\_

**BREAKFAST**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

**MID-AFTERNOON SNACK**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

**MID-MORNING SNACK**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

**SUPPER**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Vegetable  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

**LUNCH**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Vegetable  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

**BEDTIME SNACK**

\_\_\_\_\_ Meat  
 \_\_\_\_\_ Bread/Starch  
 \_\_\_\_\_ Fat  
 \_\_\_\_\_ Fruit  
 \_\_\_\_\_ Milk: Wh, 2%, Sk

PHYSICAL EXAMINATION

Each staff person must have the following physical examination within six months prior to entering Camp Hickory Hill.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Temp.: \_\_\_\_\_ BP: \_\_\_\_\_

Is there any evidence of eye disease or impaired vision? \_\_\_\_\_

Describe\* \_\_\_\_\_

Is there any evidence of illness or communicable disease? \_\_\_\_\_

Describe\* \_\_\_\_\_

Is there any evidence of emotional problems? \_\_\_\_\_

Describe\* \_\_\_\_\_

Is there any evidence of problems of mobility? \_\_\_\_\_

Describe\* \_\_\_\_\_

Is there any evidence of heart or lung disease? \_\_\_\_\_

Describe\* \_\_\_\_\_

Other physical abnormalities? \_\_\_\_\_

Describe\* \_\_\_\_\_

In my opinion, the above named individual is capable of participating in an active camp program with the following exceptions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Include medications, other treatments and limitations.

**Signature** \_\_\_\_\_, M.D./D.O. Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**Camp Hickory Hill for Diabetic Children must have this application, with all information completed and signed, before you begin serving on the Camp Hickory Hill staff.**