

CAMP HICKORY HILL for DIABETIC CHILDREN 2016 STAFF EMPLOYMENT APPLICATION

Please return your application to **Camp Hickory Hill, P. O. 1942, Columbia, MO 65205** or email to Jessica Bernhardt, Camp Director @ CampHickoryHill@gmail.com. The deadline for your application to be considered is **July 1, 2016** in order for us to schedule an interview for potential staff members.

Staff guidelines are available on our website for your review prior to applying. All accepted staff members must attend staff training with ID and sign our staff policies.

Anyone unable to commit to these policies should not turn in an application.

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 7 and 17 and (2) staff must meet minimum age requirements.

IMPORTANT 2016 DATES

There will be 2 days of mandatory staff training. All staff must attend.

July 8 & 9	Staff Training
July 10-30	Camping Sessions
July 31	Camp Shutdown

MEDICAL AND DIET

The Medical forms will be sent to you upon receiving your application. Please be sure to complete the **Medical Information** form and **Medical Consent** form and return them promptly. This information can be essential during medical emergencies.

All staff at Camp Hickory Hill must 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.

We must have your completed Physical Examination form before you begin to serve on our staff. **Please be sure to mail the form prior to the start of camp.**

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.

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.

CAMP HICKORY HILL for DIABETIC CHILDREN

2016 STAFF EMPLOYMENT APPLICATION

Name: _____
(Last) (First) (Middle or MI)

This is my application for the 2016 Camp Hickory Hill Session:

_____ Full Session 1 (July 10-23 - Ages 13-17)

_____ Full Session 2 (July 24-30 - Ages 7-12)

_____ 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 training session 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 Training July 8 & 9!

_____ I will definitely be at Camp Shutdown July 31!

POSITION(S) APPLYING FOR

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

_____ Cabin Counselor

_____ Sports

_____ Lifeguard (Must be certified)

_____ Music (Song Leader or plays musical instrument)

_____ Campfire Leader

_____ Laundry

_____ Arts & Crafts

_____ Nature or Hiking

_____ Kitchen Help

Do you have any training relevant to camp activities?

Note: Staff must be at least 18 years old. Some positions require additional education, age, and/or certification.

TELL US ABOUT YOURSELF

Name: _____
(Last) (First) (Middle or MI)

Nickname? _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____

Home/cell phone: () _____

Work or School phone: () _____

Birth Date _____ Gender M or F

Person to contact in case of emergency:

(Name) (Relationship) (Phone #)

Note: We will include your name, address, phone number, e-mail address and birthday in the CHH newspaper for your camp session(s) unless you ask us not to.

Do you have a child under age 18 who will have to come to camp with you for you to be able to be on the CHH staff? (Please provide name(s), age(s), relationship and whether diabetic or non-diabetic):

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 _____

EMPLOYMENT HISTORY: List all employment including military and volunteer service starting with the most current position held. .

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) _____ To: _____

From: 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 INFORMATION

Name: _____
 (Last Name) (First 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 moved in the past seven years? YES NO
Applicant's Gender: ____Male ____Female **Marital Status:** ____Married ____Single

BACKGROUND CHECK AUTHORIZATION

Every year all potential staff members will have a child abuse and neglect background check done through the Division of Family Services and a criminal background check done by the Missouri State Highway Patrol using the Missouri Criminal Record Depository.

I authorize Camp Hickory Hill to request background checks on me as described above. I certify that all of the information provided on pages 2 through 4 of this staff application is true and correct to the best of my knowledge. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to accept/hire me or termination without notice. (Please check to make sure you have provided your SS# above).

(Applicant's Signature)

(Date Signed)

I understand that:

In applying for a camp position the information that I have furnished on this form is subject to verification, which will 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 _____