

# CAMP HICKORY HILL for DIABETIC CHILDREN 2017 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](mailto:CampHickoryHill@gmail.com). The deadline for your application to be considered is **July 1, 2017** 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 2017 DATES

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

<b>July 7 &amp; 8</b>	<b>Staff Training</b>
<b>July 9-29</b>	<b>Camping Sessions</b>
<b>July 30</b>	<b>Camp Shutdown</b>

## 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

## 2017 STAFF EMPLOYMENT APPLICATION

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

This is my application for the 2017 Camp Hickory Hill Session:

\_\_\_\_\_ Full Session 1 (July 9-21 - Ages 13-17)

\_\_\_\_\_ Full Session 2 (July 23-29 - 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 7 & 8!

\_\_\_\_\_ I will definitely be at Camp Shutdown July 30!

### 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):

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## 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)? \_\_\_\_\_

**Drugs and Alcohol Policy:** Camp Hickory Hill is drug and alcohol-free. Our counselors agree, as a condition of employment, not to use alcohol for the duration of their employment at camp, including time off. We want camp to be a place where kids see their role models having fun and being silly without needing to drink alcohol. We have found that allowing counselors to consume alcohol on time off has impacted camp and our campers in unexpected and negative ways. Violation of this policy will result in severe action and possible dismissal.

Any illegal activity, including use or possession of illegal drugs or supplying drugs, alcohol or tobacco in any form to minors, will be reported to the proper law enforcement agency and will result in your employment being terminated without warning.

Smoking and possession of tobacco products are not permitted on the camp premises.

-By signing you agree to the terms outlined in the above drug & alcohol policy.

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

