



Nevada Diabetes Association California Diabetes Association

Staff and Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____

Position Applied for: _____

Please Check All That Apply	Certifications: Please Check All That Apply
YES <input type="checkbox"/> Camp Program Counselor	YES <input type="checkbox"/> MD/ APN/ PA
YES <input type="checkbox"/> Camp Program Medical Staff	YES <input type="checkbox"/> NP/ RN/ CNA
YES <input type="checkbox"/> Camp Program Nursing Student	YES <input type="checkbox"/> RD
YES <input type="checkbox"/> Camp Program Dietary Student	YES <input type="checkbox"/> CDE
YES <input type="checkbox"/> Camp Program- Programing	YES <input type="checkbox"/> Clinical Social Work/Therapist
YES <input type="checkbox"/> Camp Program Speaker or Presenter	YES <input type="checkbox"/> Pump Management Certification
YES <input type="checkbox"/> Injection Connection Staff	YES <input type="checkbox"/> CPR /First Aide
YES <input type="checkbox"/> Fundraising	YES <input type="checkbox"/> EMT
YES <input type="checkbox"/> Event Volunteer	YES <input type="checkbox"/> Lifeguard

License Number: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Have you ever been convicted of a child abuse? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Medical History

Are you Diabetic: Yes: _____ No: _____

Type: _____

Diabetes Medications: _____

Are there any reason that would limit your physical activity?: _____

Do you have any allergies or Intolerances? _____

Bugs? Drugs? Medications? Foods? Please List All. _____

Other Medical Concerns: _____

Other Current Medications: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer employment for the Nevada Diabetes Association (NDA) and/ or California Diabetes Association (CDA), I understand that false or misleading information in my application or interview may result in my release.

By signing/ or by clicking the below box to this application I agree to the following:

I allow the NDA/CDA and the Helmsley Charitable Trust to use me in any media to promote the organization. I understand that it is mandatory to attend all staff orientations and all rules/ protocalls and regulations will be addressed and MUST be followed for the best interested of the NDA and CDA orgainzations. I understand that if these rules/ protocols and regulations are not followed in the best interest of the NDA/CDA I will be asked to leave and no reiburshment for the NDA or CDA will be given. Also (if applicable) if I do not follow the rules/ protocols or regulations in the best intrest of the organizations my educational hours will not be given.

Please Note:

If you have been exposed to a communicable disease within three weeks prior to the start of a program please conatct the NDA or CDA offices immediatly. (Please see contact infomation below.) Any illness or skin infection should be investigated BEFORE your arrival at a program.

CONTACT INFORMATION:

Your complete application can be sent to:
Tara Winkelman-Director of Programs
Nate Gibson-Director Of Camps

Nevada and Califonia Diabetes Association
18 Sterart St.-Reno, NV-89501

Perfered correspondence: Email Tara@diabetesnv.org or Nate@diabetesnv.org
Webpage www.diabetesnv.org and www.diabetesca.org
Fax: 775-856-3839

Signature: _____ Date: _____
YES
 <<<< By clicking this box I agree to the above. _____ Date: _____

Looking Forward to working with you!!!

NATE GIBSON
TARA WINKELMAN