

# Staff and Volunteer Application

*Camping Enhances Lives... You Can Make it Happen!*



Please return application to Nevada Diabetes Association, 1005 Terminal Way #104, Reno NV, 89502  
Phone: (775) 856-3839 Toll Free: (800) 379-3839 Fax: (775) 348-7591 Email: camp@diabetesnv.org

## APPLICANT POSITION (Check the Camp or Camps and the position you are applying for)

- Camp Buck  Camp Vegas  Family Camp  Vegas Day  Reno Day T-Shirt Size \_\_\_\_\_
- Camp Counselor  Nutritionist  Dietician  
 Camp Physician  Registered Nurse  Other  
 Medical Student  Nursing Student  Dietetic Student  I will be volunteering for this position

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Have You Ever Been Convicted of a Felony?  YES  NO

Have You Ever Been Convicted of Child Abuse?  YES  NO

Describe why you want to work for Nevada Diabetes Association \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any experience you will bring to a camp setting \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Have you experience working with children with diabetes?  YES  NO

## CERTIFICATIONS AND PROFESSIONAL LICENSES

Adult CPR  Child CPR  First Aid  EMT  Lifeguard

Professionally Licensed as:  RN  MD  RD  OTHER \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

## EDUCATION

Graduated

High School \_\_\_\_\_  YES  NO

College/University \_\_\_\_\_  YES  NO

Other \_\_\_\_\_  YES  NO

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**EMPLOYMENT HISTORY**

Please complete the following, listing your current or most recent job first.

Company \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Currently employed  YES  NO

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employed from Month/Year \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Currently employed  YES  NO

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employed from Month/Year \_\_\_\_\_ to \_\_\_\_\_

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**REFERENCES**

Please list three unrelated persons having knowledge of your character, experience, and abilities. Be advised that they will be contacted prior to our consideration of your employment at camp.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**AVAILABLE FOR INTERVIEW (Indicate DAY & TIME):** Weekdays \_\_\_\_\_

Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

I hereby authorize the Nevada Diabetes Association for Children and Adults to contact and question the preceding people prior to my consideration for employment. Typing your name will be considered the same as a handwritten signature on paper.

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

# CAMP STAFF APPLICANT MEDICAL AND HEALTH INFORMATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

**SECTION I – Do You have Diabetes?**  YES  NO

**DIABETES:**  TYPE 1  TYPE 2

**ONSET:** YEAR \_\_\_\_\_ AGE \_\_\_\_\_

If Yes please answer the following

**Type of insulin used** \_\_\_\_\_

**Pump Make and Model** \_\_\_\_\_

**Does applicant recognize low blood sugar?**  NO  YES

List usual signs and symptoms of low blood sugar \_\_\_\_\_

How often does this occur? \_\_\_\_\_ Time of day? \_\_\_\_\_

**SECTION II –**

**1. Are there any health problems or conditions (other than diabetes) that you are currently under medical care**

**for?**  NO  YES List ALL medications other than insulin and dosages: \_\_\_\_\_

*Prescriptions or special medications (other than insulin) should be labeled clearly and brought to camp.*

**2. Has applicant been in the hospital other than when diagnosed or within the past year?**  NO  YES

If Yes, reason and year: \_\_\_\_\_

**3. Any reasons for limiting physical activity?**  NO  YES, Please explain: \_\_\_\_\_

**IMPORTANT NOTE: Immunization records MUST be provided to attend camp, unfortunately these records cannot be retrieved from past camp application forms.**

**Past Illnesses:**

- Asthma
- Chicken Pox
- Hay Fever
- Measles
- Mumps
- Rheumatic Fever
- Tuberculosis
- Whooping Cough
- Other (List) \_\_\_\_\_

**Date of Last Immunization (Month/Year):**

\*POLIOMYELITIS \_\_\_\_\_

\*TETANUS \_\_\_\_\_

TUBERCULIN TEST \_\_\_\_\_

**TB test not applicable for Nevada applicants**

DTP (Diphtheria, Tetanus, Pertussis) \_\_\_\_\_

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

**\* Indicates immunization MANDATORY to attend camp**

**History of:**

- Seizures
- Fainting
- Epilepsy
- Ear Discharge
- Sinus Infection
- Frequent Colds
- Frequent Sore Throats

Applicant Name \_\_\_\_\_

Applicant Wears:       Contact Lenses       Eyeglasses       Dental Appliances  
Drug Sensitivity (List) \_\_\_\_\_

Severe Reactions to Insect Bites (List) \_\_\_\_\_

Allergies (List) \_\_\_\_\_

Other Important Info: \_\_\_\_\_

<b>DIET INFORMATION</b>
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Food Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Eating problems: \_\_\_\_\_

APPLICANT IS A VEGETARIAN - List foods avoided: \_\_\_\_\_

**OPTIONAL:** This information used ONLY as statistical data for funding sources and will NOT be used for any other purposes.

**Ethnic Background**

Caucasian      African American      Hispanic      Asian      Pacific Islander      American Indian

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

**If you have been exposed to a communicable disease within three weeks prior the start of camp, please notify the NDACA camp office immediately at 1-800-379-3839 or 775-856-3839. Any illness or skin infection should be investigated before your departure for camp.**

**Please mail or fax your completed application to:**

**Director of Camps  
Nevada Diabetes Association  
1005 Terminal Way, Suite 104  
Reno, NV 89502**

**Or Fax: 775-348-7591**