

**Camp New Horizons North**  
Bill Bates Cowboy Ranch  
5454 CR 126 ~ Celina, Texas  
June 8-12, 2009 \* 8:30a-3:30p

**Camp New Horizons South**  
Cedar Canyon Dude Ranch  
4523 N. Houston School Road ~ Lancaster, Texas  
June 22-26, 2008 \* 8:30a-3:30p

## 2009 Camp Staff Application – New Staff

Please **complete and return this form to Sherry Hill no later than May 8, 2009** at American Diabetes Association, 4100 Alpha Rd. #100, Dallas, Texas 75244. *(please print or type)*

Please indicate your plans regarding ADA Camp New Horizons for the Summer 2009 camp season.

I am interested in a position as \_\_\_\_\_ and available to work from 8a-4p at

North Camp – Bill Bates Cowboy Ranch

\_\_ June 8<sup>th</sup> (Monday)

\_\_ June 9<sup>th</sup> (Tuesday)

\_\_ June 10<sup>th</sup> (Wednesday)

\_\_ June 11<sup>th</sup> (Thursday)

\_\_ June 12<sup>th</sup> (Friday)

South Camp – Cedar Canyon Dude Ranch

\_\_ June 22<sup>nd</sup> (Monday)

\_\_ June 23<sup>rd</sup> (Tuesday)

\_\_ June 24<sup>th</sup> (Wednesday)

\_\_ June 25<sup>th</sup> (Thursday)

\_\_ June 26<sup>th</sup> (Friday)

### CONTACT INFORMATION

Name: _____			
Last	First	Middle Initial	Nickname
Home Address: _____			
Street Address			
_____		Email: _____	
City, State, Zip Code			
Home Phone: (____) _____		Cell Phone: (____) _____	
		Bus. Phone: (____) _____	

### HEALTH HISTORY

<p>Do you have any physical or mental disabilities that might prevent you from performing the essential functions of the position for which you are applying? YES ____ NO ____</p> <p>If YES, do you have specific suggestions as to how we could accommodate your mental or physical disability? NO ____ YES ____</p> <p>Describe: _____</p> <p>_____</p> <p>Do you have diabetes? If so, what type? ____ Type 1 ____ Type 2</p>
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**Education:**

Degree(s) Awarded	Yes/No Year	Major
High School Diploma/GED		
AA		
BS or BA		
MA/MS		
Doctorate		
Other		

List additional professional credentials or certificates that you hold:

**Note:** Attach copies of current certification, licensure, or training (standard first aid, CPR, emergency water safety, lifeguard training, etc.) you hold that you believe would be useful to you in the position for which you are applying.

**Relevant Camp, Volunteer, or Child Care Experience**

Dates	(1)	(2)	(3)
Camp or Organization			
Supervisor			
Address			
Phone			
Position Held			

**Past Two Years Employment: Place an X in front of any employer you do not want contacted.**

Dates	(1)	(2)
Employer		
Address		
Supervisor		
Phone #		
Position Held		
Reason For Leaving		

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**References:** List three (3) persons not related to you who have knowledge of your character, experience, and ability.

Name	(1)	(2)	(3)
Address			
Day Phone			

**Rate Your Knowledge: 1 = none 2 = some 3 = well versed 4 = consultant to others**

___ ADA Exchange System	___ Exercise	___ Insulin
___ Behavior Management	___ HbA1c	___ Insulin Pump(s)
___ Blood Testing	___ Hyperglycemia	___ Ketoacidosis
___ Carbohydrate Counting	___ Hypoglycemia	___ Nutrition
___ Dealing with Peer Pressure	___ Injections	___ Sick Day Care
___ Diabetes Complications	___ Injection Site Rotation	___ Weight Management

**Please list any skills, interest or hobbies**

- Nature (i.e. outdoor cooking, flowers, hiking, conservation, weather, etc.)
- Adventure\Challenge (obstacle course, rope course, climbing, etc.)
- Sports (soccer, basket ball, tennis, archery, hockey, fishing, field games, etc.)
- Dramatics (directing plays, skits & stunts) creative arts, magic, storytelling)
- Dancing (ballet, folk, square, line, tap, hip-hop, etc.)
- Music (lead songs, play instruments, etc)
- Crafts (ceramics, weaving, metal works, jewelry, photography, scrap booking, etc.)

What contributions do you think you can make in the lives of children with diabetes while at Camp?  
\_\_\_\_\_

What would you personally most like to accomplish at ADA Camp New Horizons this summer?  
\_\_\_\_\_

How do you see yourself accomplishing this? \_\_\_\_\_

Preferred age range of campers: \_\_\_\_\_ How did you hear about camp? \_\_\_\_\_

How would you handle an aggressive, non compliant child with diabetes? \_\_\_\_\_  
\_\_\_\_\_

What personal knowledge or experience do you have with the management of diabetes in children?  
\_\_\_\_\_

By signing below, I am indicating that I have completed this form as honestly as possible.

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

\_\_\_\_\_  
**Date**

## Camp New Horizons

### 2009 Camp Staff Code of Ethics

#### Protection of Campers/Staff

- Campers are not to be left alone without the supervision of at least two adults at any time. Proper supervision may prevent potential injury and abuse.
- Camp personnel should never be alone with campers or an individual camper.
- Camp personnel will not abuse campers including:
  - Physical abuse, e.g.,: strike, spank, shake, slap
  - Verbal abuse, e.g.,: humiliate, degrade, threaten, use profanity
  - Sexual abuse: e.g., inappropriate touching, or display
  - Mental abuse: e.g., hazing, negative manipulation, teasing or bullying
- Camp personnel will report any suspicions of abuse or neglect to the appropriate Camp Director or Medical Director immediately
- Camp personnel will use positive guidance techniques, including redirection, anticipation, elimination of potential problems, positive reinforcement, support and encouragement, rather than competition, comparison, criticism, or humiliating discipline techniques.
- Camp personnel will report any incident or accident immediately to the Camp Director and Medical Director.
- Camp personnel will not abuse, steal from, or show disrespect to their fellow staff, campers, or Camp/personal property.
- Camp personnel will treat with confidence and respect the personal information they have learned from or about campers, subject to the policies on reporting abuse and neglect.

#### Conduct with Campers

- Camp personnel will portray a positive role model for campers, including but not limited to, maintaining attitudes of respect, loyalty, patience, honesty, courtesy, tact, and maturity.
- Camp personnel will not use profanity or discuss adult subject matter in the presence of campers.
- Camp personnel must be willing and prepared to assist campers in meeting daily personal needs.
- Camp personnel must accommodate and be sensitive to the developmental differences and abilities of individual campers.
- Camp personnel will not offer to or accept gifts of goods or money from campers or their families.
- Camp personnel will not initiate social contact with campers outside of the Camp session. If contacted by a camper, the staff person will inform the ADA staff person responsible for Camp immediately.
- Camp personnel will treat campers of all ethnic, religious, and cultural backgrounds with respect and consideration

#### Other Guidelines or Restrictions

- Camp personnel will dress appropriately for Camp (guidelines will be discussed during staff training).
- Camp personnel will not use, possess, or be under the influence of alcohol or illegal drugs while at Camp or Camp training events.
- Camp personnel are prohibited from having firearms or other weapons while at Camp.
- Camp personnel will comply with the outlined activities and expectations of their defined jobs at Camp and participate in all required activities prior to Camp (i.e., camp training).
- Camp personnel will adhere to the outlined camp policies, procedures, and standards.
- Camp personnel will agree to all criminal and other background check information requested of them and must meet qualification standards established by the Camp.

I understand and agree to adhere to all expectations and rules established by the Camp and the American Diabetes Association, as explained above. I understand that failure to comply may result in dismissal.

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

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



**CAMP NEW HORIZONS**  
A program of the American Diabetes Association

**2009 Staff Confidentiality Agreement**

The following relates to the access and use of Personal Health Information under the Health Insurance Portability and Accountability Act (HIPAA) by ADA Camp New Horizons Staff and Volunteers.

I, \_\_\_\_\_, understand that I will have access to and will use personal health information (PHI) of campers, fellow staff members and volunteers, while serving at or in preparation for an ADA Camp program.

My Camp position/duties that involve PHI may include:

- Providing medical management for campers and Camp personnel to ensure their physical well being and safety.
- Providing food service and nutrition counseling for campers and Camp personnel to ensure their physical well being.
- Providing for the well being and safety of campers in the common living areas (cabins and tents) relative to co-morbidities, diabetes treatment plans, food allergies, other allergies and behavioral/psychological/social issues.
- Providing for the safety and well being of campers and Camp personnel who will participate in the Camp program.

I agree to safeguard PHI and make sure that it is not used in an unauthorized way or given to any unauthorized person or entity.

I hereby agree that I will not copy, record, disseminate, share, use or disclose any PHI beyond my Camp position/duties.

I understand that I have the right to refuse to sign this Confidentiality Agreement and that my refusal will disqualify me from serving in any capacity with the ADA Camp program that would provide access to personal health information in written, electronic or verbal form

\_\_\_\_\_  
Name of Staff Member (print)

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date