

If yes, please explain disabilities in the space provided below:

Relevant Camp Experience: Please list any former camp related experience you have, IF ANY, and any additional information or skills that would help you to be a great diabetes counselor. (You may attach additional pages if needed)

References: Give names of 3 persons not related to you who have knowledge of your character, experience, and ability

	NAME	RELATIONSHIP	PHONE NUMBER	YEARS KNOWN
Reference #1:				
Reference #2:				
Reference #3:				

Education: Please check all that apply. Specify degree earned and year achieved.

- HS Diploma Undergraduate degree, _____ Associates degree, _____
 Graduate Degree, _____ Other, specify _____

Mandatory for All Staff with Medical Training

What license do you hold? _____

What states are you licensed in? _____

Has your license ever been revoked? Yes No

If YES, please explain clearly the reason behind revocation (use additional paper if necessary):

Have you ever been accused of, convicted of, or had deferred adjudication of medical malpractice?

Yes No If YES, please explain the situation clearly:

Do you have malpractice insurance for your time at camp? Yes No

Agency Name: _____ Policy Number: _____

Please check any additional Professional Credentials that you hold:

- CDE R.Ph RD RN MD EMT Paramedic
- Other, specify _____
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The American Diabetes Association is asking all volunteers to help out for the entire week of Camp Colorado. However, we do consider applications by individuals who are unable to volunteer for the whole week. Please check one of the following:

- I **CAN** volunteer for the whole week
 I can **NOT** volunteer for the whole week but can commit from ___/___/___ to ___/___/___

In an effort to have continuous coverage during camp I will be splitting my time with the person below:

I will partner with: _____ Phone #: _____
(NOTE: This person must also submit a Camp Colorado volunteer application)

Applicant's Statement

I certify that answers given herein are true and complete. I also understand that in addition to being part of a team that will care for the health and well being of campers, I will be assisting with monitoring blood glucose levels and other diabetes related management tasks for 12 or more hours per day which also includes some late night testing. I further acknowledge that completing this form does not automatically register me as a volunteer for camp and that the Medical Director or Medical Coordinator may find reason to reject my application. Furthermore, I understand that in order to be considered, I must pass a mandatory background check which is paid for by the American Diabetes Association.

Signature

Date: ___/___/___

Please include copies of the following with your application before mailing or faxing to the address/fax number below: (if faxing, call or e-mail to ensure application was received)

- Current certifications or training (ie; CDE, standard first aid, CPR, emergency water safety, lifeguard training)
- Current medical license for the state of Colorado (or state where license was issued)

Return this application via fax or mail **no later than:** April 30th, 2008

To: April Henderson, Camp Director
American Diabetes Association
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Denver, CO 80211
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