

SESSION AVAILABILITY INSERT

2012 Application Supplement

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____ - _____
Phone: _____ - _____ - _____ email: _____

(1) I will staff the following (*check all that apply*):

- The **HDYC** (Harrisburg Diabetic Youth Camp) at Camp Victory in Millville, PA. The staff is to be on site from **June 16-23, 2012.**
- The Children's Diabetes Conference at **Danville**, PA from **June 8-10, 2012.**
- Camp Setebaid® at Swatara** at Camp Swatara in Bethel, PA. Staff is to be on site from **July 14-21, 2012.**
- Camp Setebaid® Counselor in Training (CIT) Program** at Camp Swatara in Bethel, PA (for the first week) and Camp Victory in Millville, PA (for the second week). Staff is to be on site from **July 14-21, 2012 and August 4-10, 2012.**
- Camp Setebaid® at Camp Victory** in Millville, PA. Staff is to be on site from **August 4- 10, 2012.**

(2) Have you **ever** been: No to all questions below Yes (*Please check the box and explain below*)

- Discharged or been asked to resign by any previous employers?
- The defendant under investigation in an incident of child abuse or a sex-related offense?
- Charged with, convicted, pled guilty, or pled "no contest" to a crime other than a minor traffic offense?
- Known by any other names? (*please list names*) _____

Explanation for any boxes checked above:

(3) Do you require housing for any other person than yourself at the camp? No Yes

If yes, explain and list others, including gender & age:

(4) Staff T-Shirt Size-Check one *(adult sizes only)*: S M L XL XXL
If a size is not selected, XL will be ordered for you.

(5) Position desired:

- | | | |
|--|---|---|
| <input type="checkbox"/> Camp Director | <input type="checkbox"/> Program Educator | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Assistant Camp Director | <input type="checkbox"/> Head Counselor | <input type="checkbox"/> Physician Resident |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Senior Counselor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Health Services Administrator | <input type="checkbox"/> Counselor | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Program Director | | <input type="checkbox"/> Student Dietitian |
| <input type="checkbox"/> C.I.T. Program Director | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Head Dietician | | |

(6) *I have updated my Volunteer And Staff Application with any changes since it was completed and agree to serve in the position selected above to the best of my ability for the entire session(s) selected above.*

Signature: X _____

Date: _____

HAVE YOU ANSWERED QUESTIONS 1-6?

Please Return To: Human Resources
Setebaid Services,[®] Inc.
P.O. Box 196
Winfield, PA 17889-0196

Thank you!