

January, 2012



Dear Potential Staff Member:

Thank you for your interest in our diabetes camping program for children and teens aged 3-17. The dates of the programs for this year are included on the Session Availability Supplement in this application (or on our website at <http://www.setebaidservices.org/pdf/2010%20Camp%20Staff%20Session%20Availability%20and%20Session%20Selection%20F.pdf>).

Please follow the directions below to complete the application:

1. Complete the Pennsylvania Child Abuse History Clearance form (under **Purpose of Clearance** be sure to check the **CHILD CARE** block). **Mail this completed form to the Childline and Abuse Registry at the address on the form with a \$10 money order.** The state will send you a certificate—**we need the certificate** (not this application) as part of your completed paperwork. (If you already have a certificate that is less than a year old, we can accept it.)
2. Print out and complete the Volunteer and Staff Application in **black ink**. Attach copies of any certificates (i.e. CPR, etc.). Remember to sign the back page **in black ink!**
3. Complete the top portion of the Reference Forms, sign them on the "Applicant's Signature" line, and have three people (**not related to you**) complete the bottom portion of the reference forms. These may be returned directly to our office, or the reference person may give them to you to include with your application.
4. Complete and sign the Session Availability and Session Selection Insert.
5. After receiving your Child Abuse History Clearance Certificate, and the Reference Forms, place them into an envelope with your signed and dated Volunteer and Staff Application and Session Availability and Session Selection Insert and mail them to:

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

Thank you for assisting us by completing this paperwork and returning it to us. The next step in the process of joining our team will be explained in a letter that you will receive as soon as we process your application. Please call us with any questions at (570) 524-9090.

We look forward to receiving your application.

Diabetes Education Services and Social Support Programs

P.O. Box 196 · Winfield, PA 17889-0196 · (570) 524-9090 · Fax: (570) 523-0769 · www.setebaidservices.org

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

APPLICANT_____
DATE_____
VOLUNTEER SUPERVISOR_____
DATE



SETEBAID SERVICES,® INC.
 P.O. BOX 196
 WINFIELD, PA 17889-0196
 (570) 524-9090
 FAX: (570) 523-0769

VOLUNTEER AND STAFF APPLICATION

Please type or print clearly in black ink all information. All responses become part of Setebaid Services®, Inc.'s Personnel Files.

Date of Application: ___/___/_____

PERSONAL INFORMATION

Name: _____ Social Security # - -
First Middle Last

Permanent Home Address: _____
Street City State Zip Code

Home Phone: (____) _____ - _____ Email Address: _____

Work Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____ (Include Area Codes)

Other Address: _____
Street City State Zip Code

Other Address is: School Work Temporary, good from ___/___/_____ to ___/___/_____

Are you lawfully able to work in the United States? Yes No (explain)

Do you hold a valid driver's license? No Yes: State: _____ License #: _____

Has your driver's license ever been revoked or suspended? No Yes (give reasons and dates)

EDUCATIONAL INFORMATION

Highest Grade Completed To Date: (Please circle)

9 10 11 12 F S J S 17 18 19 20+
High School College Graduate School

High School: _____
High School City State Zip Code Phone

Did you receive a diploma? No Yes, Year of High School/GED Diploma: _____

College: _____
College/University City State Zip Code Phone

Year of Graduation: _____ Degree(s) Earned: _____ Major: _____

College/Graduate School: _____
College/University City State Zip Code Phone

Year of Graduation: _____ Degree(s) Earned: _____ Major: _____

Present or Intended Vocation: _____

REFERENCES

Three references are required before you can be selected as a volunteer or staff member. You may have references write a letter or you may use reference forms provided with this application. Three reference forms are provided with this application. The references must be from a non-relative that has knowledge of your character, experience, and ability to serve as camp staff.

EMPLOYMENT INFORMATION

Please provide a complete employment history, including your present employer. You must include the complete address, telephone number, and your supervisor's or contact person's name.

YOUR POSITION	EMPLOYER	ADDRESS	PHONE	DATES OF EMPLOYMENT	REASON FOR LEAVING

Indicate any employer you do not wish us to contact and the reason: _____

Have you ever been discharged or asked to resign by any of your previous employers? No Yes (*explain*)

CAMPING AND CHILDCARE EXPERIENCE

Please list all of your volunteer, camp, or childcare experiences, especially those where you worked with children living with diabetes below.

YOUR ROLE OR POSITION	FACILITY OR CAMP	ADDRESS	PHONE	DATES OF SERVICE	TYPE OF CAMP OR FACILITY
					<input type="checkbox"/> Residential Camp <input type="checkbox"/> Day Camp <input type="checkbox"/> Other: _____
					<input type="checkbox"/> Residential Camp <input type="checkbox"/> Day Camp <input type="checkbox"/> Other: _____
					<input type="checkbox"/> Residential Camp <input type="checkbox"/> Day Camp <input type="checkbox"/> Other: _____

OTHER INFORMATION

Have you ever been the defendant or under investigation in an incident of child abuse or a sex-related offense? No Yes (*explain*)

Have you ever been convicted, pled guilty, or pled "no contest" to a crime(s) other than a minor traffic offense? No Yes (*explain*)

A prior conviction will not necessarily bar you from staffing or volunteering. The type and recency of the conviction will be considered by Setebaid Services[®], Inc.

Other names by which you have been known (for example, maiden names), if any: _____

How did you hear about Setebaid Services[®], Inc.?

ACTIVITY INTERESTS

Activity leadership is an important part of being a volunteer or staff member. Please rate the following activities using a **3** if you feel qualified to **lead** the activity, **2** if you can **assist** with the activity, **1** if you're **interested** in learning about the activity, or a **0** if you have **no interest** in the activity.

- | | | | |
|------------------------|---------------|---------------|-----------------------|
| ___ Arts & Crafts | ___ Music | ___ Drama | ___ Sports |
| ___ Group Discussions | ___ Hiking | ___ Dance | ___ Nature |
| ___ Survival Skills | ___ Swimming | ___ Boating | ___ Large Group Games |
| ___ Diabetes Education | ___ Campcraft | ___ New Games | ___ Dietary Education |
| ___ Other: _____ | | | |

CERTIFICATE AND LICENSURE INFORMATION

What qualifications and or certifications do you hold? You must attach a copy of your current certificates to this application.

Education:

Teaching Certificate: State: ____ Level: _____ Expiration Date: ____ / ____ / ____
Month Day Year

Waterfront:

	CERTIFICATION	AGENCY	EXPIRATION DATE
LIFEGUARDING			____ / ____ /20 ____
BOATING			____ / ____ /20 ____
WATER SAFETY INSTRUCTOR			____ / ____ /20 ____
OTHER: _____			____ / ____ /20 ____

General:

	CERTIFICATION	AGENCY	EXPIRATION DATE
FIRST AID			____ / ____ /20 ____
CPR			____ / ____ /20 ____
OTHER: _____			____ / ____ /20 ____

POSITION

For what type of position are you applying? _____

PLEASE READ CAREFULLY AND SIGN IN THE SIGNATURE SPACE

The statements that I have made on this application are complete, true, and correct. I authorize Setebaid Services,[®] Inc., employees or volunteer staff members of the organization (hereafter called Setebaid Services) to investigate all statements made on this application; I authorize a background review through former employers, schools, licensing agencies (including, but not limited to The Department of Motor Vehicles, The Department of Welfare, The State Police, The FBI and/or any other law enforcement/government agencies), and various other persons who can attest to my character ability, reputation, association with others or my past performance. I release Setebaid Services, its officers, directors, and staff (both paid and volunteer) from liability in connection with the same.

I authorize the release of information to Setebaid Services that includes, but is not limited to, matters of opinion relating to my character, ability, reputation, association with others, and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of Setebaid Services. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization and release shall apply to this and any future request by Setebaid Services. I authorize a copy or facsimile of this release be considered as valid as the original.

I understand that if selected, I will be an at-will volunteer or staff member and that the organization has the right to terminate my services at any time without cause; any agreement to the contrary must be in writing and signed by an officer of the organization. Staff handbooks, employee/volunteer manuals, and personnel policies and procedures are not employment/volunteer agreements and do not modify my status as an at-will volunteer or staff member. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Setebaid Services.

(Continued on the Next Page)

I realize the sensitivity of the position and the influence I will have on the participants and the entire program atmosphere. Consequently, I will, at all times, insure both personal and professional conduct and agree to be an example of excellence. In addition, I may have knowledge of confidential information and agree to keep this information confidential. I understand that Setebaid Services[®] strives to meet HIPAA Standards and understand that no participant or staff information, including their name, address, email address, medical condition, or any other information, may be released to anyone not directly working with or treating the participant/staff.

If selected as a staff member, I agree that Setebaid Services may use my photo and/or name in publicity; the organization may provide my name, address, and phone number to other staff and participants.

I understand that positions may require residence at the program/camp site during program sessions, unless previous arrangements have been made with Setebaid Services. I will submit to a routine professional drug screening program upon the request of Setebaid Services.

If selected to staff a Setebaid Services[®] program, I understand that I may, under no circumstances, hit a participant or another person, especially if they are children. I may not use abusive or derogatory language with participants. I should ask for help when needed. If I encounter a particularly difficult participant, I should seek the assistance of supervisory or administrative staff. And, in all dealings with participants, I should strive to respond as opposed to react.

I understand and accept that when touching participants, I may touch on the hand, shoulder or upper back; I should never touch against a participant's will (unless in the case of clear and present danger), whether expressed verbally or non-verbally. I will only appropriately touch children in the company of other adults, and never when it would have the effect of over-stimulating the child. I know to never touch a participant in a place that is normally covered by a bathing suit, unless for a clear medical necessity, and then *only with supervision by another adult, or medical staff member*.

I understand and accept that I may be a caretaker of children or other participants. As such, I understand that there is a clear power difference between myself and participants (money, mobility, authority, experience, knowledge, different set of rules); I agree to not have inappropriate sexual contact with or physically abuse a participant.

I understand that "hazing" of participants or staff by anyone at Setebaid Services[®] programs is prohibited; no one should be subjected to "initiation rites" that are abusive in any manner. If I become aware of such acts, I will immediately report them to my supervisor or administration.

I will encourage children to change their own clothes as much as possible and I will not have participants alone in a room for my own protection. If selected as a staff member, I will, under no circumstance, share a bed or sleeping bag with a participant; I will set limits with children who "cling or hang" on me. I understand that I should not give back rubs in the presence of children; and, I may not sleep together with another person at the programs, especially in front of children; the romantic lives of staff can, under no circumstance, be shared with participants, especially children. Finally, male staff members working with adolescent females need to be aware of the tendency for this group to develop hidden or secret romantic fantasies.

Further, I understand that tickling or teasing a child to the point where that child is out of control is unacceptable; pillow fights or wrestling matches and the like can become over-stimulating in short order and are prohibited. Overnighters, or slumber parties need a minimum of two adult leaders, at least one of which is the same gender as the participants.

If selected to staff a program, I agree to watch for signs of stress in myself and others as a way of maintaining a safe environment at the program; I will help other staff who seem at risk for hurting or abusing participants; I will alert senior or supervisory personnel to dangerous or "at-risk" situations between participants and staff; I will ask for more supervision, intervention or support if needed; and, I will seek help myself if I feel at risk for hurting, over-stimulating or abusing a participant.

Applicant's Signature: X _____ Date: ___ / ___ /20 ___



SETEBAID SERVICES,[®] INC.
 P.O. BOX 196
 WINFIELD, PA 17889-0196
 (570) 524-9090
 FAX: (570) 523-0769

VOLUNTEER AND STAFF REFERENCE FORM

This form may be returned in a sealed envelope to the applicant to be returned with their application, or it may be mailed directly to Setebaid Services[®], Inc. at the address to the left.

To Be Completed By The Applicant

Applicant's Name: _____ Position Applied For: _____

Setebaid Services[®], Inc. operates residential camps for children and teens aged 3-18, with diabetes. The person listed above has applied for a resident volunteer or staff position. Please help us by completing this form for the applicant listed above.

The applicant, by signing below, releases you from any liability for completing this reference request truthfully.

X _____ Date: ____/____/20
Applicant's Signature

To Be Completed By The Reference

Reference: (Please print neatly or type.)

Name: _____ May we contact you for additional information? Yes No

Address: _____ Phone: (____) _____ - _____

_____ Email: _____

In what capacity do/did you know the applicant? _____

How long have you known the applicant? _____

If you employed the applicant, is he/she eligible for re-hire? Yes No Not Applicable

Please rate the applicant in the following areas by circling the most appropriate:

Judgment	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Creativity	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Role Model	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Enthusiasm	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Leadership	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Initiative	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Integrity	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Responsibility	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Flexibility	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Awareness	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>

Do you think the applicant is appropriate for the position listed above? Yes No

Do you recommend the applicant for the position listed above? Yes No

To the best of your knowledge, is this applicant prohibited from working with children? No Yes

I am the reference listed above and have answered these questions truthfully and to the best of my knowledge and ability.

Signature: X _____ Date: ____/____/20



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The applicant, by signing below, releases you from any liability for completing this reference request truthfully.

X _____ Date: ____/____/20
Applicant's Signature

To Be Completed By The Reference

Reference: (Please print neatly or type.)

Name: _____ May we contact you for additional information? Yes No

Address: _____ Phone: (____) _____ - _____

_____ Email: _____

In what capacity do/did you know the applicant? _____

How long have you known the applicant? _____

If you employed the applicant, is he/she eligible for re-hire? Yes No Not Applicable

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Do you think the applicant is appropriate for the position listed above? Yes No

Do you recommend the applicant for the position listed above? Yes No

To the best of your knowledge, is this applicant prohibited from working with children? No Yes

I am the reference listed above and have answered these questions truthfully and to the best of my knowledge and ability.

Signature: X _____ Date: ____/____/20



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The applicant, by signing below, releases you from any liability for completing this reference request truthfully.

X _____ Date: ____/____/20
Applicant's Signature

To Be Completed By The Reference

Reference: (Please print neatly or type.)

Name: _____ May we contact you for additional information? Yes No

Address: _____ Phone: (____) _____ - _____

_____ Email: _____

In what capacity do/did you know the applicant? _____

How long have you known the applicant? _____

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Do you think the applicant is appropriate for the position listed above? Yes No

Do you recommend the applicant for the position listed above? Yes No

To the best of your knowledge, is this applicant prohibited from working with children? No Yes

I am the reference listed above and have answered these questions truthfully and to the best of my knowledge and ability.

Signature: X _____ Date: ____/____/20

SESSION AVAILABILITY INSERT
2012 Application Supplement

Name: _____	Date: ____ / ____ / 20 ____	
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 in **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:

(Please complete the next page or reverse side if printed on both sides)

(3) Do you require housing for any other person than yourself at the camp? No Yes *(explain and list others)*
Include gender and age:

(4) Staff T-Shirt Size *(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 Dietitian | | |

(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: _____ / _____ /20_____

HAVE YOU ANSWERED QUESTIONS 1-6?

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

Thank you!