



Dear 2010 Camp STIX Volunteer Staff,

The excitement is in the air for Camp STIX 2010. We are making our plans for camp this year and hope you will consider joining us as staff. We invite you to participate in our planning sessions and apply for camp staff. **We will be communicating via email, so please make sure the camp office has your current email address.**

Camp STIX 2010 will be July 11-17th for the campers and July 9-17th for staff. For returning staff, we have condensed your application form. We have also added a physician release form, which needs to be returned by all staff.

**We are asking that you return your staff application and background check form to the camp office at Camp STIX, P.O. Box 8308 Spokane, WA 99203, by June 1, so we can process it and start our interviews.**

We will be having staff in-services which we would like you to plan on attending. It is also a great way to meet fellow staff.

We are looking forward to working with you at camp this year.

Your Camp STIX Leadership Team:

“Target” Dr. Tim Seppa, Camp and Medical Director  
“Munchkin” Mike Lynch, Nutrition Director  
“Capsule” Cris DuVall, Program Director

timseppa@msn.com  
lynchin43@hotmail.com  
cduvall@wsparx.org

**When you send in your staff application, please send an email to the director in charge of the department you are applying for to let them know to expect your application!!**



## 2010 CAMP STIX VOLUNTEER STAFF APPLICATION

(Please print or type)

Date of Application: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Camp Name (if you have one): \_\_\_\_\_

Current Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

If you would like to receive text notification, name of your cell phone provider: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(If different from above)

Home Phone Number: \_\_\_\_\_ **Camp T-Shirt Size:** \_\_\_\_\_

Mail should be sent to: (check one)  Permanent Address  Current Address

Camp position you are seeking: \_\_\_\_\_ Do you have diabetes?  Yes  No

**Person(s) to contact in an emergency:** \_\_\_\_\_ **Their Phone:** \_\_\_\_\_

Are you a vegetarian?  Yes  No – If Yes, please specify type: \_\_\_\_\_

Are you on a special diet?  Yes  No If yes, what type \_\_\_\_\_

List any food allergies and type of reaction \_\_\_\_\_

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

If yes, are there any reasonable accommodations that Camp STIX could make to help you perform the essential functions of the position for which you are applying?  Yes  No If yes, describe: \_\_\_\_\_

Education:

Years	School	Major Subjects	Degree

Past Employment: (list the past 2 years)

Dates	Employer	Phone	Nature of Work	Supervisor	Reason for Leaving

Indicate any employer you do not want Camp STIX to contact: \_\_\_\_\_

Relevant Camp, Volunteer, or Child Care Experience:

Dates	Organization and Location	Phone	Supervisor	Position Held

References: (give names and addresses of three persons, not related to you, who have knowledge of your character, experience and ability)

Name	Complete Address	Phone

**Program staff applicants** - What types of activities do you enjoy and feel you could lead a group with? (i.e. Morning Mayhem, Message to Garcia) \_\_\_\_\_

Do you feel comfortable speaking to a small audience such as leading a “good word” or inspirational talk? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please give an example of a topic for an inspirational talk that you might give to the group of campers. \_\_\_\_\_

What benefits do you feel Camp STIX can give youth with insulin dependent diabetes? \_\_\_\_\_

What contributions do you feel you could make at Camp STIX? \_\_\_\_\_

Describe your experiences with special needs youth and/or youth with diabetes. \_\_\_\_\_

What current certification, license, and/or training (first aid, CPR, emergency water safety, lifeguard training, etc.) do you have which you believe might be useful in the position for which you are applying? Please attach copies of your current cards or certificates. \_\_\_\_\_

Have you ever been convicted of or received a deferred adjudication with respect to any felony or crime involving violence, sexual molestation or abuse, theft, or child abuse? \_\_\_\_ Yes \_\_\_\_ No

If Yes, describe in detail – year, charge, and result: \_\_\_\_\_

(A Yes response does not automatically bar selection)

Has your driver’s license ever been revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

I authorize investigation of all statements herein and release Camp STIX Diabetes Programs and all others from liability in connection with the same. I understand that, if selected, I will be an at-will volunteer. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Camp STIX Diabetes Programs.

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

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

Signature of parent or legal guardian, if under 18 \_\_\_\_\_

All statements become part of any current and future Camp STIX staff personnel file. This form has been drafted to comply with federal laws.

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Return this form by the application deadline to: Camp STIX Diabetes Programs

Diabetes Programs – P.O. Box 8308 Spokane, WA 99203 509-484-1366 – campstix@gmail.com

# Camp STIX Health Professional Staff Addendum

(Please print or type and return with Camp STIX Volunteer Application)

Name: \_\_\_\_\_ MD, PA, RN, NP, RD, Other: \_\_\_\_\_  
(Circle)

What license(s) do you hold? \_\_\_\_\_

(Please attach a copy of your current license(s) for Washington State)

Has your license ever been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Have you ever been accused of, convicted of, or had a deferred adjudication of medical malpractice? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Do you have malpractice insurance covering you while you practice at camp STIX? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note: It is advisable that you contact your insurance carrier before camp and verify that you are covered during your time at Camp STIX. Please return a copy of this verification form to camp.

**This page is for health staff only. Need to send copy of license(s) and malpractice insurance with application.**