



Diabetes D.E.S.T.I.N.Y.

**Diabetes Exercise Strategies Together In Network with You  
Extreme Weekend For Children With Diabetes**

- Staff & Volunteer Application -

Please check which position:

Volunteer       Medical Staff

Medical staff, please provide a copy of your current license or certificate.

**APPLICANT INFORMATION**

Name (first,middle,last)	Gender	DOB
Address	City	State/Zip
SSN:		
Cell phone	Home phone	Email
Emergency Contact Name	Relationship to Applicant	Phone

**EDUCATION INFORMATION**

Are you currently attending high school?       YES       NO

Are you attending, or have you completed college?       YES       NO

If YES, please complete:

College: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

**CAMP EXPERIENCE**

Have you ever been a volunteer/staff/counselor with a camp?       YES       NO

If YES, Camp/Position: \_\_\_\_\_ Year(s): \_\_\_\_\_

Have you ever been a camper with a camp?       YES       NO

If YES, Camp: \_\_\_\_\_ Year(s) \_\_\_\_\_



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**EMPLOYMENT HISTORY**

Are you currently employed?  YES  NO  
Where: \_\_\_\_\_ For how long: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact your current employer?  YES  NO

**PAST EMPLOYMENT:**

Company: \_\_\_\_\_ Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES**

Please list names and numbers of two people not related to you and not your roommates, who we will contact (such as teachers, employers, supervisors, pastors):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other phone: \_\_\_\_\_

**CRIMINAL BACKGROUND**

\* All applicants are subject to a criminal background check as a condition of employment.

Have you ever been convicted of a criminal offense?  YES  NO

If yes, please state date and nature of offense:

Have you ever been convicted of a crime relating to children or a sexual offense?

YES  NO

If yes, please explain:



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List additional experiences working with children (include age ranges)

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature if you are under the age of 18:  
\_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your application, we look forward to working with you at this unique weekend experience for children with Diabetes. If you have any questions or concerns please feel free to contact me.

Please Mail signed form to:

DESTINY/Extreme Weekend for Children with Diabetes  
**Ron DeNunzio**  
**715 Brentwood Dr.**  
**Lititz, PA. 17543**  
717-471-4636