

Staff Application and Publicity Release Form

Name	
Date of Birth	
Address	P/Code
Phone:	Home:
	Work
Email Address:	
Position at Camp	
I have Diabetes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify	
Do you have any previous camp experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify	
Do you currently work in the diabetes field?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details	
Do you have any special skills that would be beneficial to the camp?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list	
Do you have a Blue Card (Working with Children Card)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list two emergency contacts

NAME	
PHONE	
ADDRESS	

NAME	
PHONE	
ADDRESS	

I understand that any photographs and video film taken during the camp may be used for promotional/educational use by Camp Diabetes and I hereby give permission for photographs or videos taken of myself during camp to be used for the promotion of Camp Diabetes in the future.

Signed _____ Date _____