



Diabetic Youth Foundation of Indiana

817 South Tibbs • Indianapolis, IN 46241 • (317) 750-9310 • FAX (317) 243-4488

www.dyfofindiana.org

C a m p U n t i l A C u r e

Summer Camp Application

Please print all information

Position: _____

Name: _____

Address: _____

Emergency Contact: (name, phone(s) and relationship)

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of birth: _____

Education: _____

Hobbies: _____

Skills (musical instruments played, games, sports, languages spoken, etc): _____

Certifications: _____

Experience working with children: _____

Past Experience – Please list, with employer, supervisor, address, phone and date:

• _____

• _____

• _____



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References – Please list name, address, phone, email and how long they have known you:

1. _____

2. _____

3. _____

Please describe your character traits that you believe would make you a good camp staff member: _____

Please tell us why you would like to work at camp: _____
