

Diabetes Camp of West Virginia

Leadership in Training (LIT) Application

Send Completed Applications to: Camp Kno-Koma, 364 Patteson Dr. #284, Morgantown, WV 26505
 Applications must be postmarked by April 15

General Information

Last Name	First	M.I.	
Date of Birth	Sex	Home Phone	E-Mail Address
Street Address			City
County	State	Zip	T-Shirt Size

Insulin Type (e.g. Humulin, Novolin, etc.)	Emergency Contact Name and Phone Number
Have you attended Camps in the past? If so, describe type (i.e. church camp, 4H, diabetes, etc) and how many years	
List any special talents (singing, acting, etc.), skills (swimming, canoeing, etc.), certifications (CPR, Lifeguard, etc.) or hobbies	

Consent for Medical Treatment and Care While Attending Camp Kno-Koma

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____

Parent or Legal Guardian Authorizations:

1. To the best of my knowledge the health history that I have completed is accurate.
2. The above-mentioned child has my permission to participate in all camp activities.
3. I give my permission for the camp health staff to provide routine healthcare, and to administer medications to my child, and in the event that my child needs further emergency medical care I authorize them to seek out appropriate medical care including, but not limited to x-rays, laboratory tests, and medications as deemed necessary to their condition. I also authorize the camp staff to arrange appropriate transportation to and from the camp for medical care. In seeking care, I authorize the release of medical records for both insurance billing purposes, and for appropriate care.
4. In the event that I cannot be reached in an emergency, I authorize the camp staff to seek appropriate emergency care including admission to a hospital if necessary. I also authorize the camp staff to obtain a physician to administer treatments that are deemed necessary.
5. I give permission for the camper to attend camp sponsored field trips.
6. I give permission for camp staff to copy all forms for the purpose of seeking emergency care.

Signed: _____ **Date:** _____ **Relationship:** _____

I give my permission for my child to be photographed while at camp. I also give my permission for the Diabetes Camp of West Virginia, Inc. to utilize these pictures for the promotional purposes for the continued operation of Camp Kno-Koma.

Signed: _____ **Date:** _____

Please attach to this application a letter describing the following:

- Making the transition from camper to staff member is sometimes difficult. What problems do you think you might have with this transition?
- What kind of training do you feel you need to become an effective staff member at Camp Kno-Koma?
- Why do you feel you are a good candidate for the LIT program?
- Describe a camp or school situation in which you helped another camper or student or took on a leadership role.

Please include reference letters (2 minimum) from the following suggestions:

- Educational reference (teacher, principal, guidance counselor)
- Community reference (volunteer work, church)
- Personnel reference (friend, coach, advisor, neighbor)
- Employer reference (babysitting included)

If selected, LITs must report to camp Saturday afternoon and be there till Saturday morning. LITs also will be sleeping in tents during the week.