



CALLING ALL MED STAFF!!! – It’s time to start thinking about Texas Lions Camp for Children with Diabetes 2009 which is held in Kerrville, Texas at the Texas Lions Camp facility. You are invited to apply for a position on this year’s med staff. We are e-mailing the application paperwork to give everyone enough time to complete and return to **Patsy by April 24, 2009.**

Below is a list of the Med staff positions available for Diabetes Camp.

Team Leader - A physician, nurse or physician’s assistant.

- Optimally with a knowledge of diabetes and camping experience.
- Responsible for a team comprised of other licensed persons, students and medical assistants.
- Responsibilities will include scheduling team members for infirmary coverage, chart reviews, working with your team members on appropriate insulin doses changes, providing activity coverage and basically being the “leader of the pack.”

Team Nurse/Licensed with Kids - A physician, nurse or physician’s assistant.

- Responsible for a group of 6-12 kiddos.
- Assist them with blood glucose monitoring and insulin injections
- Provide a daily 30-minute education session for your assigned kiddos
- Make appropriate insulin dose changes (with assistance from team leader and core staff)
- Provide activity coverage
- Provide assigned infirmary coverage and dispense medications.

Infirmary Doc - A physician (Assigned by Core Staff)

- Will provide infirmary coverage .

Dietitian - A registered dietitian.

- Provide ongoing dietary education for campers and serve as a resource for the team(s) assigned to you.
- Provide coverage in the dining room to help insure that the kiddos are eating appropriate quantities of food.
- There are also positions available for dietetics students who will assume the above responsibilities under the supervision of the registered dietitians.

Students (Medical, Nursing, Research, Pharmacy, and PA) and Medical Assistants (person with diabetes and anyone who doesn’t fit in the above categories).

- Responsibilities for group of 6-12 kiddos
- Assist them with blood glucose monitoring and insulin injections
- Provide a daily 30 minute education session for your assigned kiddos
- Provide activity coverage
- Within the limitations of education and personal experience will assist with infirmary coverage.

All of the above positions, except infirmary physician, require that a person be able to stay for an entire session. Volunteers unable to stay for an entire session and will be assigned responsibilities based on their knowledge and abilities which will likely include activity coverage and help with supervision in the cabins.

IMPORTANT DATES TO REMEMBER in 2009

April 24th	- Entire Med Staff application deadline (If you have not done so, fax to number listed below)
Week of June 8th	- Med Staff Acceptances Letters to be emailed if no email address provided, it will be mailed*
July 17, 2:00-3:00 PM	- First time Med Staff for Session I to arrive at camp Orientation for Med Staff Session I for campers – July 19 - July 25, 2009
July 18, 2009	- Orientation for all Session I – Past Med Staff & New Med Staff
July 24, 2:00-3:00 PM	- First time Med Staff for Session II to arrive at camp (Orientation itinerary may vary but arrival time does not) Session II for campers – July 26 – August 1, 2009
July 26, 2009	- Orientation for all Session II – Past Med Staff & New Med Staff (Orientation itinerary may vary but arrival time does not)
August 1, 2009	- End of camp, Departure date for Med Staff

Camp is tiring, demanding and probably one of the most rewarding experiences you will ever experience. It’s also a unique opportunity to work with some very special kiddos and adults. Please join us for a fun and educational experience.



**TEXAS LIONS CAMP
MEDICAL STAFF ACCEPTANCE FORMS**

Dear Medical Staff Applicant:

Application Deadline: April 24, 2009

Please fill out the enclosed application material needed to become part of our Med Staff. Forms can be filled out on the computer, printed, signed where necessary and faxed to **361-694-4832 – Attn. Patsy Reyes** or mailed to the address listed below:

**Patsy Reyes
Diabetes & Endocrine Center
Driscoll Children's Hospital
3533 S. Alameda
Corpus Christi, TX 78411
Office: 361-694-4864
Fax: 361-694-4832
Patsy.Reyes@dchstx.org**

- Licensed Professionals **must** submit their Professional License Number.
- Fill out the staff application and **all** forms attached.
- Have **3** people who have known you for two years or more fill out the **Request for Reference** (Page 10) information and mail or fax them to **Patsy at 361-694-4832. Family members may not be used as references on your application. We must receive 3 reference forms from each applicant applying for Med Staff.**

If you have any questions, please feel free to contact Patsy.

Sincerely,

Stephen W. Ponder

Stephen Ponder, MD
Medical Director, Lions Camp
c/o Driscoll Children's Hospital

Enclosures

Medical Staff Health Form
Hepatitis B Vaccination Record
Information About Hepatitis B & Hepatitis B Vaccine
National Background Investigation Form
Request for Reference Forms – **Need 3 reference forms filled out**

MEDICAL STAFF APPLICATION TEXAS LIONS CAMP FOR CHILDREN WITH DIABETES

MEDICAL STAFF INFORMATION		
Name:	Physician (MD, DO, PhD)	<input type="checkbox"/>
Address:	Nurse	<input type="checkbox"/>
City/State/Zip:	Dietitian (RD or LRD)	<input type="checkbox"/>
Phone:	Physician's Asst. (PA)	<input type="checkbox"/>
Pager:	Medical Student	<input type="checkbox"/>
Email:	Nursing Student	<input type="checkbox"/>
Cell Phone:	Dietitian Student	<input type="checkbox"/>
Driver's License: State: Exp:	PA Student	<input type="checkbox"/>
Social Security:	Research Student	<input type="checkbox"/>
Date of Birth: Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Pharmacy Student	<input type="checkbox"/>
T-shirt Size: <input type="checkbox"/> X-S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2-XL	Person with Diabetes	<input type="checkbox"/>
<input type="checkbox"/> 3-XL <input type="checkbox"/> Other:	Other	
# Years as Med Staff for this diabetes camp including this year:	If license professional – License #	
SESSION(S) APPLYING FOR: 1 st time med staff must arrive for orientation on Friday of their corresponding session <input type="checkbox"/> Session 1: July 19 – July 25, 2009 <input type="checkbox"/> Session 2: July 26 – August 1, 2009 I am unable to attend a full session, but wish to volunteer for (Enter Dates):		
POSITION(S) APPLYING FOR: (Do not make if not able to attend entire session)		
Team Physician	<input type="checkbox"/>	
Team Nurse	<input type="checkbox"/>	
Licensed w/Kids	<input type="checkbox"/>	(physicians, RNs, Pas or RDs who would like a specific group of kids to work with)
Dietitian	<input type="checkbox"/>	
Student	<input type="checkbox"/>	
Med Assistant	<input type="checkbox"/>	(all non-licensed volunteers)
Team Coordinator	<input type="checkbox"/>	(must have previous experience with team assignments)
STUDENTS PLEASE COMPLETE		
School Attending		
Year in School:	Graduation Date:	Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you receive credit for this camp experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of supervising faculty member		
EDUCATIONAL BACKGROUND (Physicians, Nurses, Dietitians, PA)		
College/University	Degree	Dates Attended
EMPLOYMENT HISTORY		
Present Employer		
Position		
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have previously been med staff at TLC, go to "Reference Section" – Skip Camp Related Section

Camp Related Experience–Briefly describe your experience related to the following areas

Previous experience with children – list ages you have worked with, describe your experiences

Previous camp experience – list camp(s) and date(s) attended

As a camper

As a counselor or med staff

Experience with diabetes – both professional and personal

Experience with teaching

School and/or community activities, especially those that demonstrate your leadership abilities

References - All applicants must complete Section Below

References – please include two persons that know you through school and/or employment and two persons that know you personally (include person’s name, phone number and how this person knows you)

- 1.
- 2.
- 3.
- 4.

What do you feel that you can contribute to the camp program?

What are your personal goals for this camp experience?

Have you been previously charged with any crime related to the abuse, mistreatment or molestation of children? yes no

Have you ever been convicted of violating any laws (not including minor traffic violations) ? yes no
if yes, give details

An answer of “Yes” will not automatically disqualify you from volunteering as Medical Staff at the Texas Lions Camp. The date and nature of the offense will be considered.

MISSION STATEMENT – TEXAS LIONS CAMP

The primary purpose of the Texas Lions Camp shall be to provide, without charge, a camp for physically disabled, hearing/vision impaired and diabetic children from the state of Texas, regardless of race, religion or national origin.

Our goal is to create an atmosphere wherein campers will learn the “can do” philosophy and be allowed to achieve maximum personal growth and self-esteem.

SIGNATURE

I understand that if accepted as Medical Staff for the diabetes session(s) at Texas Lions Camp, I will be expected to represent a positive role model to program participants, especially children, by demonstrating responsibility and good judgement, decorum, politeness, modesty, respect for individuals and property, while refraining from abusive and profane language. I understand that the Texas Lions Camp is an alcohol and drug-free facility and that possession or use of such products on Texas Lions Camp property will be cause for immediate dismissal. I understand that the use of tobacco products is prohibited until after 10 pm, and that it is then permitted in designated areas only. In addition, I will have the responsibility to support the mission, goals and objectives of the Texas Lions Camp.

I am advised that an investigative report will be requested for applicable information concerning my character, work habits and abilities, general reputation, and personal characteristics. Such report will be sought through prior employers, personal references, and/or appropriate law enforcement agencies. I release, and agree to hold harmless, cooperating organizations or persons, and the Texas Lions League for Crippled Children, Inc., from any legal liability arising from such reports.

I consent to the League taking pictures, audio tapes and/or video tapes of my participation in all League programs, activities and the League’s use of same in camp publications or publicity that is in the interest of the League.

I understand that in lieu of a pre-camp orientation in June I will be mailed educational materials related to diabetes in children, managing diabetes in a camp setting and general material on working with and educating children. It will be my personal responsibility to have read and understand this material prior to arriving at camp.

_____ Signature

_____ Date

Please return completed application to: **APPLICATION DEADLINE FRIDAY-APRIL 24, 2009**
Acceptances will be mailed out the second week in May

Patsy Reyes
Diabetes and Endocrine Center
Driscoll Children’s Hospital
3533 South Alameda
Corpus Christi, TX 78411
Fax: 361-694-4832
Patsy.Reyes@dchstx.org

For office use only – applicant not to complete

Date application received _____
Accepted yes no
Date notification mailed _____

contract received
license checked
background check received
health form received
requests Hep. B

Texas Lions Camp for Children with Diabetes

The camp requires insurance information for use in emergencies. You and/or your insurance will be responsible for health care costs.

MEDICAL STAFF HEALTH INFORMATION		
Name:	Birthdate:	Sex:
Address:	City/State:	Zip:
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Address:	Home Phone:	
City/State/Zip:	Work Phone:	
HEALTH INSURANCE INFORMATION		
Company:	Policy Number:	
Group Number:	Name of Insured:	
HEALTH HISTORY INFORMATION		
Allergies:		
Medical Conditions:		
Medications:		
Date of last tetanus immunization: (must be within 10 years)		
Group Number:	Name of Insured:	
Date of last TB skin test: (must be within 2 years) Results:		
Special health needs or limitations:		

Authorization to Release Information

I hereby authorize any physician, hospital, pharmacy, medical provider, employer, union, insurance company, third party administrator or pre-payment organization to release any information acquired in the course of my examination or treatment. I understand that I may request a copy of this authorization. I agree that a photocopy of the authorization may be used to obtain information. I agree that this authorization shall be valid for one year from the date shown below.

Date: _____ Signature: _____

Print/Type Full Name: _____

**Texas Lions Camp for Children with Diabetes
Hepatitis B Vaccination Record**

Staff Member Name:

Social Security Number:

Date:

Hepatitis B Vaccine Status

have received series already
dates

(sign "no record available" if applicable)

request series (also must sign "request for hepatitis B vaccine)

declines series a present (must sign declination statement)

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining the vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____

Date:

Previous Vaccination But No Record Available

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I verify that I have completed the hepatitis B vaccination series while at a previous place of employment/training. While volunteering at the Texas Lions Camp I cannot provide documentation of this vaccination. I hereby accept responsibility for providing this documentation if required at a further date.

Signature: _____

Date:

INFORMATION ABOUT HEPATITIS B AND HEPATITIS B VACCINE
(Information from the Texas Dept. of Health and UTMB)

WHAT IS HEPATITIS B? Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). The term "viral hepatitis" is often used for and may include hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms that may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur.

In the United States about 300,000 persons, mostly young adults, catch hepatitis B each year. About one-fourth will develop jaundice and more than 10,000 will be hospitalized. About 250 people die each year from severe acute hepatitis B. Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. Infants who catch hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "Chronic active hepatitis." Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from hepatitis B-related cirrhosis each year in the United States and more than 800 die from hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, vaccination to help prevent infections is recommended for these groups. Immunization against hepatitis B can prevent acute hepatitis as well as reduce sickness and death from chronic hepatitis, cirrhosis and liver cancer.

HEPATITIS B VACCINE: Hepatitis B vaccine is made two ways. Plasma-derived vaccine is made from HBV particles that have been purified from the blood of carriers. The method used to prepare the plasma-derived hepatitis vaccine kills all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Recombinant vaccines are made from common baker's yeast cells through genetic engineering. The yeast-derived vaccines do not contain human blood products. The vaccine is given by injection on three separate dates. Usually the first two doses are given one month apart, and the third dose, five months after the second. After three doses, the hepatitis B vaccine is 85%-95% effective in preventing hepatitis B infection in those who received the vaccine. An alternative schedule of 4 doses of vaccine given at zero, one, two, and twelve months is approved for one vaccine. Protection for normal, healthy adults and children given vaccine lasts at least 7 years. Booster doses of vaccine are not routinely recommended at the present time.

The medical staff purchases the Recombivax brand vaccine from the UTMB pharmacy. The first two doses are given one month apart, and the third dose is given five months after the second dose. The injection is given intramuscular in the deltoid (arm) muscle. The vaccine will NOT prevent hepatitis caused by other agents such as hepatitis A virus, non-A/non-B hepatitis viruses, or other viruses known to infect the liver. For camp volunteers requesting it, one dose will be given free of charge. Volunteers should recognize that the remaining doses are their responsibility, and that the vaccine is NOT effective with only one dose.

WHO SHOULD GET HEPATITIS B VACCINE? In addition to several other high-risk groups outside the camp environment, any staff member who is exposed to blood or who may get accidental needle sticks should be vaccinated.

ADDITIONAL VACCINES: Hepatitis B vaccine is also recommended as part of the therapy used to prevent hepatitis B infection AFTER exposure to HBV. Post exposure use of hepatitis B vaccine is recommended for persons having accidents involving HBsAg-positive blood where there is entry through the skin or a mucous membrane. The hepatitis B vaccine series should be started at the same size as other therapy, primarily, treatment with hepatitis B immune globulin (HBIG).

POSSIBLE SIDE EFFECTS FROM THE VACCINE: The most common side effects are soreness, pain or swelling at the site of injection. Other complaints include fatigue, headache, fever, nausea, diarrhea or pharyngitis. Illnesses, such as neurologic reactions, have been reported after vaccine is given, but hepatitis B vaccine is not believed to be the cause of these illnesses. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects. Individuals who develop symptoms of hypersensitivity after an injection of the vaccine should not receive further injections.

PREGNANCY: No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infection, there should be no risk. In contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby. Therefore, pregnant women who are otherwise eligible can be given hepatitis B vaccine.

QUESTIONS: If you have any questions about hepatitis B or hepatitis B vaccine, please ask the Camp Medical Director, your family doctor, or health department before you sign this form.

NATIONAL BACKGROUND INVESTIGATIONS, INC.
P.O. Box 966, Stevensville, MD 21666
Telephone No: 410-604-2430/Facsimile No: 410-604-2496

APPLICANT RELEASE AND AUTHORIZATION FORM - NM

I hereby authorize **TEXAS LIONS CAMP** or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

**PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY.
ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST**

Name:
(First, Middle, Last - Print Clearly)

Alias/Other:

Date of Birth:

Social Security #:

Driver's License #:

State:

(1) Current Address:

City/State/Zip:

County:

Dates/From: To:

(2) Current Address:

City/State/Zip:

County:

Dates/From: To:

(3) Current Address:

City/State/Zip:

County:

Dates/From: To:

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:

Would you like NBI to also check Alias/Other name given? Yes No

(Be advised there is an additional charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1) Current Address (2) Previous Address (3) Previous Address

Social Sec Number Trace Federal Criminal MVR-Driving Record Credit Profile

Sex Offender Registry: List State(s)

Maryland (Statewide) MD Traffic Court MD Wants/Warrants MD Reg & Tag

Statewides: Delaware Florida Georgia New Jersey North Carolina Pennsylvania

Verification (Specify Number of Items): Education Prof. License Employment

Federal Civil Civil Judgment: Upper Court Lower Court Worker's Comp

Federal Tax Lien Search State Tax Lien Search Bankruptcy Search

Other: _____

An expedient reply is requested by **April 24, 2009** as the applicant cannot be considered for employment as Camp Med Staff until this form has been completed and returned to **Patsy Reyes, Diabetes & Endocrine Center, 3533 S. Alameda, CC, TX 78411, Fax 361-694-4832.**

REQUEST FOR REFERENCE

Applicants name: I, _____, authorize the release of information to the Texas Lions Camp for the purpose of employment considerations.

Applicant's Signature

QUALITIES	SUPERIOR	GOOD	AVERAGE	FAIR	POOR
Integrity: To conduct oneself according to a sense of what is right and wrong.					
Initiative: To do something because it needs to be done.					
Flexibility: The ability to alter plans when necessary.					
Perseverance: To conduct in spite of difficulties.					
Organization: To plan, arrange, and implement in an orderly way.					
Sense of Humor: To laugh and be playful without hurting others.					
Effort: To try one's hardest through difficulties.					
Common Sense: To use good judgment and be reflective.					
Problem Solving: To seek solutions in difficult situations.					
Responsibility: To respond when appropriate, to be accountable for one's actions.					
Patience: To wait calmly for someone or something.					
Friendship: To make and keep a friend through mutual trust and caring.					
Curiosity: A desire to learn or know about one's world.					
Cooperation: To work together toward a common goal or purpose.					
Caring: To feel concern for others and oneself.					
Maturity: Emotional stability, a balanced outlook					

Would you feel comfortable with this person caring for your child? _____

How long have you known the applicant? _____ In what capacity? _____

Recommendation: **HIRE** **QUESTIONABLE** **CANNOT RECOMMEND**

Your Name: _____ Position: _____

Phone: _____ Date: _____

Address: _____ City, State, & Zip Code _____