

## 2016 Health Professional Staff/Volunteer Application

The Painted Turtle is an equal opportunity employer. All applicants are screened without regard to race, age, gender, religion, marital status, sexual orientation, or disability. All information will be held confidential unless specified otherwise.

What type of position are you applying for?:

Staff  Volunteer  Both

Are you a New or Returning Applicant?

New  Returning

### Alumni Program

Are you interested in receiving additional communications regarding our volunteer and staff alumni program?  Yes  No

### Personal Information

First Name:  Middle Name:  Last Name:

Preferred Name:  Gender:  Date of Birth: (Optional)

Email:  Preferred Pronoun(s):  Male  Female  Gender Neutral

### Phone Number/Address

Please provide at least one phone number:

Preferred Phone:   Home  Cell  Work Alt Phone:   Home  Cell  Work

Street Address:

City:  State:  Zip Code:  County:

### Languages

Do you speak or read any languages other than English (including Sign Language)?  Yes  No

Language(s):  Is this Language(s) your preferred language?

Reading Level: (high, medium, low)  Speaking Level: (high, medium, low)

### Employment Records- Provide us with a summary of your recent employment positions. (Last 1-2 positions)

Business Name:  Title:

I am also interested in getting my employer involved with The Painted Turtle (i.e. Corporate Volunteer Day, matching gifts program, etc.) and wish to be contacted regarding these opportunities.

Business Name:  Title:

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### Education Records

School Name:  Major:

Start Date:  End Date:  Diploma/Degree:

School Name:  Major:

Start Date:  End Date:  Diploma/Degree:

Applicant Name:

**References (If you are a returning volunteer, please skip the References Section)**

Please list three references below (present employer, supervisor, former camp supervisor, etc.). Applicant must also provide a blank copy of the Reference Form (pages 9-10) to each reference listed below, to be returned as directed on the form. At least 2 of your 3 references should be from current/recent supervisors or managers. Friends and family members should not be used as references.

**Reference #1:** Name:  Email:

Phone Number  Type  Home  Mobile  Work Professional Relationship Type:  Coworker  Employer

Job Title:  Company Name:

In what capacity did you work with this reference?

**Reference #2:** Name:  Email:

Phone Number  Type  Home  Mobile  Work Professional Relationship Type:  Coworker  Employer

Job Title:  Company Name:

In what capacity did you work with this reference?

**Reference #3:** Name:  Email:

Phone Number  Type  Home  Mobile  Work Professional Relationship Type:  Coworker  Employer

Job Title:  Company Name:

In what capacity did you work with this reference?

**Certifications- Please provide a copy of all License/Certifications you indicate below.**

**Professional License/Certification**

\*Physicians, Nurses, and Allied Healthcare Professionals (Pharmacist/PT/OT/Social Worker/RT/Paramedic/EMT)- Please provide your professional licensure and/or certification information below.

License/Certification Type:

License/Certification Number:  State:  Expiration Date:

Current Place of Employment:

**Check all of the following that you are currently certified in.**

- First Aid  ACLS  CPR/BLS  PALS  Life Guard  Water Safety Instructor  Ropes Course
- Equestrian  Other

**Malpractice Insurance: For Summer Session RNs only**

**Please attached a copy of your RN Malpractice Insurance Coverage.**

If you do not carry malpractice insurance, please go to [www.nso.com](http://www.nso.com) to obtain RN coverage. If you are staying for a full week session, you may submit your receipt and we will reimburse you (up to \$90) after your session has completed.

Applicant Name:

**Work Experience**

Are you legally authorized to work in the U.S.?  Yes  No If No, please explain:

Have you volunteered at The Painted Turtle before?  Yes  No If Yes, when, where, and in what capacity:

Have you ever worked or volunteered at another SeriousFun Camp before?  Yes  No If Yes, when, where, and in what capacity:

(Summer Staff only) Have you applied/will you apply to another SeriousFun Camp for the upcoming summer?  Yes  No

If Yes, which Camp(s):

**Curriculum Vitae/Resume**

**Please attach a copy of your Curriculum Vitae or Resume when submitting this application.**

**Criminal Offense**

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No  
Convictions for marijuana-related offenses that are more than two years old need not be listed.

If yes, please outline the conviction(s):

**Desired Position(s)**

Please mark the position(s) you are applying for. Please note that salaried positions run from late May until late August. Medical professionals must be licensed in the **State of California**.

**Staff Positions (Summer Only):**

Summer Staff Nurse NP/RN  Nurse Extern (Nursing Student Position)

Which type of nurse are you?  RN  NP

**Volunteer Positions:**

Physician

Volunteer Nurse NP/RN/LVN Which type of nurse are you?  RN  NP  LVN

Allied HealthCare Professional Which type of Allied HealthCare Professional are you?  Child Life  Dietician  
 EMT  Interpreter  Occupational Therapist  Paramedic  Pharmacist  
 Physical Therapist  Respiratory Therapist  Social Worker  Other

**Confidential Information (Optional)**

The Painted Turtle is made possible through generous donations and grants from public and private organizations. Without these generous gifts, the cost for each camper to attend a week at camp would be approximately \$2500. Please complete the following information, which helps our prospective donors evaluate our programs. This information is for demographic purposes only, and will remain anonymous and confidential. (Optional)

Ethnicity:  African American  American Indian  Asian/Pacific Islander  Caucasian  Latino  Other

How did you hear about The Painted Turtle? (Please be specific)

Internet  Delta Zeta  Phi Kappa Tau  Word-of-Mouth  Other Referral Source:

Applicant Name:

Part 1-4

**Session Availability**

Please check the session(s) which you are available to volunteer.

Volunteer Orientation for our summer sessions will take place the day before campers arrive, so please note your arrival date.

**Spring Sessions:**

Please mark an X in the session of interest. If interested in attending multiple sessions, please indicate your priority by number 1,2,3,...

	Name	Date
	Bay Area Camp On The Move (Walnut Creek, CA)	February 6, 2016
	Special Diagnoses Family Weekend	February 19-21, 2016
	Gastrointestinal Family Weekend	March 4-6, 2016
	Spina Bifida Family Weekend	March 18-20, 2016
	Rheumatic Diseases Family Weekend	April 1-3, 2016
	Inhibitor Family Weekend	April 15-18, 2016
	Spring into Camp Celebration	May 7, 2016

**Summer Sessions:**

Please mark an X in the session of interest. If interested in attending multiple sessions, please indicate your priority by number 1,2,3,...

	Name	Date	Volunteer Arrival Date
	Skeletal Dysplasia and Mucopolysaccharidosis	June 10-15, 2016	Thursday, June 9
	Kidney Disease and Transplant	June 19-24, 2016	Saturday, June 18
	Rheumatic Diseases	June 28 - July 3, 2016	Monday, June 27
	Special Diagnoses	July 7-11, 2016	Wednesday, July 6
	Hemophilia/vWD and Thalassemia	July 15-20, 2016	Thursday, July 14
	Rheumatic Diseases and IBD	July 24-29, 2016	Saturday, July 23
	Liver Disease and Transplant, PIDD, TPN, and IBD	August 2-6, 2016	Monday, August 1
	Sibling	August 10-14, 2016	Tuesday, August 9

**Fall Sessions:**

Please mark an X in the session of interest. If interested in attending multiple sessions, please indicate your priority by number 1,2,3,...

	Name	Date
	San Diego Camp On The Move (Location TBD)	TBD
	Epilepsy Family Weekend	September 23-25, 2016
	PIDD and Solid Organ Transplant Family Weekend	October 7-9, 2016
	Kidney Disease and Transplant Family Weekend	October 21-23, 2016
	Endocrine Family Weekend	November 4-6, 2016
	Asthma and Severe Allergies Family Weekend	November 18-20, 2016
	Holiday Gathering	December 3, 2016

### Applicant Release and Authorization

\*To ensure the safety of children, parents and staff at The Painted Turtle, a background check is required for each candidate before an offer of staff or volunteer position is made.

Please read carefully and agree below:

*I hereby authorize The Painted Turtle to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. The information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by state and federal law.*

*I also authorize The Painted Turtle to share this information and the results of the background check with other organizations and agencies with whom The Painted Turtle works to ensure the safety of all campers. Such organizations include Arthritis Foundation, Epilepsy Foundation of Greater Los Angeles, Hemophilia Foundation of Southern California, Lopez Foundation, and may include other similar organizations in the future.*

*I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.*

- The above statements are true and complete to the best of my knowledge.
- upon the offer of a position (salaried or volunteer), I understand I must supply the camp with an updated medical evaluation, to be forwarded by my physician.
- Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination.
- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

In addition to the address listed on page 1 of this application, please provide a complete history of your residence for the past 3 years.

Street Address:  From: m/y  To: m/y

City:  State:  Zip Code:  County:

Street Address:  From: m/y  To: m/y

City:  State:  Zip Code:  County:

### Personal Information

Alias/Other Names Used:  Social Security Number:

Date of Birth:  Driver's License State:  Driver's Licence Number:

I have reviewed my application, and completed all requirements.

I agree to the terms above, and authorize the background check.

Signature:  Date:

This is the end of Part 1 of the application. You can submit your application at this point by email or fax. To assist in expediting your application, you can also submit Part 2 at this time or wait until directed by one of our Well Shell team members.

Phone: 661-724-1768

Fax: 661-724-1566

For questions please contact our Well Shell Team

Paula Jones- paulaj@thepaintedturtle.org or ext. 205

Joyce Coldwells- joycec@thepaintedturtle.org or ext.206

# The Painted Turtle

## 2016 Health Professional Staff/Volunteer Medical Requirements

**This medical requirement outline is for your reference. TPT's medical forms are included in "Part 2" of the Staff/Volunteer application which will be sent to you once your application has been submitted and reviewed.**

The Well Shell, is committed to maintaining not just our campers' health, but your health as well. There are physicians and nurses on camp when we are in session. We are here to address the expected and unexpected medical/health care issues that may arise at camp.

This document outlines the medical policies that pertain to you while at The Painted Turtle. Please note that all medical paperwork, including a copy of your complete immunization record (or other official vaccine documentation), must be submitted as soon as possible and no later than 2 weeks prior to your scheduled family weekend and/or 1 month prior to your scheduled summer session.

### Health History Questionnaire:

- All individuals who will be on camp while we are "in session" must complete a health history prior to attending camp, and yearly thereafter. Please indicate any significant changes in health such as: concussion, major surgery, hospitalization or new diagnosis. \* *A physical exam or other additional medical information may be requested at the discretion of the Well Shell Medical team.*

### TB questionnaire:

- All individuals at camp, when in session, must complete the TB questionnaire yearly.

### TB testing:

- Well Shell Staff and Health Professional Volunteers must have a TB test every two years
- New Staff must have a TB test within 6 months before attending camp.
- TB test may be required at the discretion of the Well Shell Medical team

### Physical Exam Form (Summer Staff and New Hires Only):

- Summer staff and new hires must provide a "Physical Exam," which is to be completed by a physician (MD/DO), physician's assistant (PA-C), or nurse practitioner (NP). This Physical exam can either be our official Painted Turtle physical exam form or a copy of a clinic note in the last 6 months. The exam must have been completed within the last 6 months prior to your first day at camp. \**Physical exams will NOT be done by our camp physicians and MUST be completed and turned in PRIOR to your arrival at camp.*\*

### Immunization Requirements:

- Please read the attached **2016 Immunization Requirements** carefully and ensure you have completed all the required vaccinations. You will likely be able to obtain a vaccine history record from any one of the following sources: high school/college health office, healthcare provider, or parent. **A copy of your complete immunization record (or other official vaccine documentation) must be provided as soon as possible. Please note that, if you are not in full compliance with The Painted Turtle Immunization requirements, you will not be able to be at camp while camp is in session.**

### Medications, Dietary Restrictions, and Other Individual Medical Needs:

- All individuals living in the cabins with our campers will be required to turn in all prescription and non-prescription medications (including vitamins/supplements) to the Well Shell prior to camper arrival. The camp Medical staff will dispense the medications to you as prescribed. \**This is a mandatory state regulation\**. The only exceptions to this rule are Epi-pens and albuterol inhalers, which may be carried securely on your person for emergency use. Please inform medical staff that you are carrying them when you check in.
- Please indicate specific diet restrictions or special dietary needs on the appropriate forms and submit *prior to your arrival at camp.*
- All staff with significant, on-going medical needs including chronic medical conditions, pain management requiring narcotics, uncontrolled blood glucose levels, significant cardiac history, on-going chemotherapy or treatments that may be of concern during the camp session please contact the Medical Director, Dr. Kathy Reynolds at [kathyr@thepaintedturtle.org](mailto:kathyr@thepaintedturtle.org), to discuss how to address these needs at camp.

Thank you for taking the time to complete these important requirements. We look forward to seeing you at The Painted Turtle!

# The Painted Turtle

## 2016 Health Professional Staff/Volunteer Immunization Requirements

### **Immunization Requirements and Checklist**

#### **1) REQUIRED Immunizations that MUST BE DOCUMENTED by a MEDICAL PROVIDER:**

Please provide The Painted Turtle documented proof in any one of the following forms:

1. a copy of your official immunization record
2. school records with dates of the specific vaccines
3. lab results for blood titers showing immunity to Measles, Mumps, Rubella and/or Varicella
4. a healthcare provider-signed Painted Turtle Physical Exam form with dates of the TB skin test, MMR, & Varicella vaccines/titers/disease
5. a healthcare provider-signed prescription pad note listing dates of the specific vaccines (TB skin test, MMR, & Varicella) or date of chicken pox disease/titers. Titers must show results
6. no live vaccines may be taken within 14 days of starting a camp session

#### **Varicella (Chicken Pox): Vaccination must be received at least 2 weeks prior to camp**

- 2 doses of the Varivax (Varicella) vaccine *or* a documented history of the chicken pox disease are required to attend camp.
- Shingles vaccine may satisfy varicella vaccination requirements.
- Varicella titers are required if none of the above apply
- DO NOT ATTEND CAMP IF YOU HAVE HAD CONTACT WITH A PERSON WITH Chicken Pox or Shingles IN THE 3 WEEKS PRIOR TO CAMP OR IF A RASH AT THE VACCINATION SITE IS PRESENT (within 2 weeks of vaccination).

#### **Measles, Mumps and Rubella (MMR): Vaccination must be received at least 2 weeks prior to camp**

- 2 doses of MMR vaccine are required to attend camp (both doses must be given after the first birthday)
- Exception to the above if you were born before 1957 or have documented Positive titers

#### **PPD/TB skin test (*please call with all POSITIVE results*):**

- TB test is required at the time of employment
- A TB risk questionnaire is required to be completed **yearly**, regardless of when initial TB testing was completed.
- Repeat TB testing maybe required at the discretion of the Well Shell medical Staff
- TB test is required every two years for all Well Shell Staff and Health Professional volunteer

#### **Seasonal Flu Vaccine (*required for volunteers attending session from October 1 through April 30*)**

- Flumist or other live attenuated viral form of the Flu vaccine must be received at least two weeks prior to camper session.

#### **Hepatitis B (*Required for medical staff/volunteers ONLY; strongly recommended for all other volunteers*):**

- 2-3 injection series, depending on which vaccine is used. The series takes 6 months to complete, so please plan accordingly.
- Hepatitis B titers are required if none of the above apply

#### **2) REQUIRED Immunizations that MAY BE SELF-REPORTED on Medical History Form:**

#### **Tetanus (TdaP):**

- Last tetanus booster must be 10 years or less from the beginning of the camp session.
- If you are due for a tetanus booster, please request the Adacel (TdaP) vaccine, which also protects against pertussis.

#### **Hepatitis A (*Required for kitchen volunteers ONLY; strongly recommended for all other volunteers*):**

- 2 dose vaccine series, 6 months apart

#### **3) RECOMMENDED STRONGLY (but not required) Immunizations:**

#### **Menactra (*Meningococcal Meningitis vaccine*):**

- This 1 dose vaccine protects against meningitis and is *strongly recommended* for all multi-session volunteers.



The Painted Turtle
Health Professional Staff and Volunteer
Reference Form

The Painted Turtle
1300 4th Street, Suite 300
Santa Monica, CA 90401
Tel: 310-451-1353
Fax: 310-451-1357

Reference Check Form

Applicant's Name: [text box]

Date: [text box]

The person above is applying for a position to work with children with complex medical conditions in a residential camp setting. Your candid assessment of his/her suitability for working with children is essential to us. All evaluations will be kept in strict confidence and will not be shared with the applicant.

Only upon receipt of this reference can the applicant be considered for employment. Your early response (within 7 days) is most appreciated. Thank you!

Please return this completed form via email, fax, or mail.

Email: paulaj@thepaintedturtle.org
Phone: 661-724-1768 ex 205
Fax: 661-724-1566

Mail: The Painted Turtle
Attn: Health Professional Applicant Reference
PO Box 455
Lake Hughes, CA 93532

Reference Information and Comments

Your Name: [text box]

Title/Company: [text box]

Phone Number: [text box]

Email: [text box]

1. In what capacity have you worked with or supervised the applicant? How long have you known the applicant?

[text box for answer to question 1]

2. Please describe this individual's personality.

[text box for answer to question 2]

3. Please rate the applicant, on a scale of 1-5 on the following attributes. (1 being the least qualified and 5 being the most qualified)

Table with 7 columns: Attribute, Poor 1, Needs Work 2, Average 3, Good 4, Exceptional 5, N/A. Rows include Professionalism, Responsibility/Dependability, Adaptability/Flexibility, Competent skill set equivalent with experience and training, Compassion, Team Work, Conflict Resolution, Critical Thinking, Works well w/Children.

4. Please keep in mind that this setting can be both physically and emotionally demanding, often requiring long hours. Do you feel this applicant will be successful in this environment?

- Yes, I feel without hesitation that this person will be successful in this environment.
No, I have hesitations about this individual being successful in this environment. If no, please explain:

[text box for explanation to question 4]

5. Is there anything else you feel we should know about this applicant? Please list any reasons you feel that this candidate should or should not be considered for this position.

[text box for answer to question 5]

Signature: [text box]