IDAHO DIABETES YOUTH PROGRAMS

Employment Contract 2006

Camp Staff Agreement Between Camp Hodia and_____

The signing of this Agreement by the Camp Director and the above named Staff Member binds them to the following terms:

- The Staff Member agrees to serve Camp Hodia to the best of his/her ability in the capacity of _____.
- The date of agreed employment or volunteer service is from _____ to _____.
- The salary to be paid by Camp Hodia to the Staff Member for the above period is _____.
- In addition to the above salary, Camp Hodia agrees to provide room and board, diabetes care supplies, medical supervision and health care limited to that determined by the Medical Director during the Staff Member's term of service.
- The Staff Member agrees to abide by the Personnel Policies and Practices as outlined in the Camp Staff Manual and to cooperate in meeting the goals and objectives of Camp Hodia.
- I have never been involved in or convicted of any crimes involving children and agree to a criminal background check.

This agreement shall be deemed to have been executed in the State in which Camp Hodia is located.

ACCEPTED according to the above Terms and Conditions:

Signed:_____ Signed:_____

STAFF MEMBER CAMP DIRECTOR/ASST

Date_____ Date_____