

# Camp Rince Ceol Camp Nurse Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about Camp Rince Ceol? \_\_\_\_\_

Camp Nurse T-Shirt Size: Sm Med Large X-Large  
(circle)

**Session applying for:** (check one and an alternate)

California: Session 1

New York: Session 1  Session 2  Session 3

**Are you applying for:** (you may apply for one or both. You must have NYS License to apply for Nurse)

Nurse  Assistant Nurse

Do you have any children that are attending Camp? camper name \_\_\_\_\_

## Nursing Experience

Nursing School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: (RN-LPN-NP): \_\_\_\_\_

In which State(s) are you licensed? \_\_\_\_\_ License Number: \_\_\_\_\_

## Employment Experience

Where Employed	Position	Dates of Employment	(Hospital) Supervisor	Contact Phone (Day and Night)

\*Use separate sheet if necessary.

Additional References: (name, phone number, address and relationship)

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**Prior Camp Experience**

Where Employed	Position	Dates of Employment	Camp Director	Contact Phone (Day and Night)

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Please describe in detail any experience you have working in Pediatrics or with children?

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Do you have Emergency Room experience?

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What qualities do you bring to camp that will make you an asset to our community?

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How would you describe your assessment skills?

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Please list any certifications you presently hold such as CPR, PALS, ACLS:

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**The statements in this application are true, complete and correct. I understand that any misrepresentation or omission of information shall be considered sufficient reason for withdrawal of an offer or subsequent termination of employment. I hereby authorize Camp Rince Ceol to conduct a personal felony record search.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date