

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) |
|----------------|----------|---------------------|-----------------------|-------------------------------|
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*Use separate sheet if necessary.

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

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?

Do you have Emergency Room experience?

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

How would you describe your assessment skills?

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

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