

Carolinas District Camp Nurse Application 2009

Carolinas District, : 6175 Old Jenks Road, Apex, NC 27523.

We are seeking licensed registered nurses who are willing to volunteer as the Camp Nurse for a one-week period.

Camp Dates are: June 12-16 - Kids Camp.

Camp goes from noon the first day until noon the last day of Camp.

At Camp Courtney, we take MINISTRY very seriously. Our mission is to glorify God by making visible the life changing love of Jesus Christ. The Camp Nurse plays a critical role in the safety and success of the summer camp program. The Camp Nurse's responsibilities entail:

1. Administration of over-the-counter and prescription medicines
2. Maintenance of health center inventory and general cleanliness of the health center
3. Checking and maintaining a copy of health reports, collecting medicines from campers, reporting special dietary needs to the kitchen staff, and informing other staff of any special medical needs of campers in their care
4. Examining campers and staff with health related complaints, treating complaints according to the camp guidelines and administering first aid
5. Logging every visit to the health center, processing accident reports; returning medication to campers at the end of each camp session

In return for providing this valuable service, Carolinas District will provide:

1. A room at the camp
2. Delicious meals for the entire camp week
3. Scholarship for one camper (1st – 5th grade or 6th – 12th grade) in your immediate family during the week you serve (campers must register for camp)
4. A cool camp t-shirt

Application

We are glad that you are considering serving on staff at Camp Courtney this summer. Our summer staff enjoys serving together in a camp setting. We look forward to the opportunity to get to know you better through this application. Please complete each section thoroughly.

Date of Application _____

First Name _____ Middle Initial _____ Last _____ Gender _____ Date of Birth: _____

Current Address _____

City _____ County _____ State _____ Zip _____ How long? _____

Previous Address _____

City _____ County _____ State _____ Zip _____ How long? _____

Home Phone # _____ Emergency Phone # _____ E-mail address _____

Social Security # _____ Driver's License # _____ Driver's License State _____

Local church affiliation _____

Licensing

Are you CPR Certified? _____ Yes _____ No _____ Date of Certification: _____

Certifications and nursing experience: _____

License Number: _____ Which states are you licensed in? _____

Camp Experience

Do you have previous nursing/camp leadership experience? If so please give details: _____

Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you are applying? If so, what?

Work Experience

Current Employer: _____ Position: _____

Duration: _____ Contact Person & Phone Number: _____

Previous Employer: _____ Position: _____

Duration: _____ Contact Person & Phone Number: _____

Background and References

References: Please provide two references not related to you who have knowledge of your character, experiences, and ability to work with children.

Name: _____ Relationship: _____

Full Address: _____ Phone: _____

Name: _____ Relationship: _____

Full Address: _____ Phone: _____

Criminal Record

Have you ever been convicted of a crime, other than a minor traffic offense?

_____ Yes _____ No If yes, please explain:

Acceptance as a volunteer camp nurse at Camp Courtney assumes your honesty and integrity in the selection process as well as during the period of service. We desire to ensure the safety and well being of each camper. Therefore, we will check references and run a criminal background check on each accepted volunteer. Your signature authorizes investigation of all statements herein, including any checks of criminal records, and releases Camp Courtney, the Carolinas District of Foursquare Churches and all others from liability in connection with same. Untrue, misleading, or omitted information herein or in any other document completed may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ **Date** _____

Please mail or fax this form to: Carolinas District, : 6175 Old Jenks Road, Apex, NC 27523.

If you have any questions, please contact: Kathy Baden 803-548-2755 x 24 or kbaden@lakeshorecf.com