

2019 NURSE APPLICATION

$\frac{\mathbf{IMPORTANT}}{\mathbf{Please}} \, \mathbf{TO} \, \mathbf{ANSWER} \, \frac{\mathbf{ALL}}{\mathbf{Please}} \, \mathbf{QUESTIONS}$

PERSONAL

Name:	Birthday:
Home Address:	
Cell Phone:	Alt. Phone:
E-Mail:	Marital Status:
Children that will be attending camp with you	(Name & Age):
What Adventist church are you a member of?_	
Pastor's name and contact information:	
Have you ever been convicted of child abuse or If yes please explain:	
HEALTH Any physical limitations? Yes / No If yes exp	lain:
CERTIFICATION/EXPERIENCE	
Credentials (ex. EMT, LPN, MD, DDS, RN): Type: License #:	State:
Certification (please circle Yes or No)	
PALS: Yes / No Exp. Date:	BLS (CPR): Yes / No Exp. Date:
ACLS: Yes / No Exp. Date:	OTHER:Exp. Date:
Area(s) of nursing experience (ex. EMT, PEDS,	, ER, etc.):
Have you worked as a summer camp nurse before	ore? Where?

IMPORTANT – You need to send a copy of your BLS and current Nursing License with this application.

GENERAL INFORMATION			
Why do you want to volunteer at Indian Creek Camp?			
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What is your T-Shirt size? S M L XL XXL			
DO YOU FEEL COMFORTABLE TREATING, RECOGNIZING, ETC.?	YES	NO	
Administration of OTC meds for: headache, chiggers, poison ivy, sunburns, colds/sinuses and upset stomach?			
Advising when campers need to go home because of illness?			
Advising when to see physician / call EMS?			
Bee/wasp stings?			
Cleaning minor abrasions?			
Homesickness?			
Minor burns?			
Monitoring juvenile diabetics?			
Monitoring/administering campers' medication?			
Removing splinters?			
Recognizing and Treating Signs and symptoms of dehydration?			
Spider bites?			
Triage for ear infections?			
Triage/immobilization of sprains/fractures?			
Triage/bandaging of lacerations?			
Is there anything you feel uncomfortable treating? Yes / No If yes explain:		_	

Application/Certifications can be faxed (615-859-2120), emailed (icc@kytn.net) or mailed (Indian Creek Camp, PO Box 1088, Goodlettsville, TN 37070).

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