



## 2020 NURSE APPLICATION

**IMPORTANT TO ANSWER ALL QUESTIONS**

**Please Type or Print**

### **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 a sex-related offense?  No  Yes

If yes please explain: \_\_\_\_\_

### **HEALTH**

Any physical limitations? Yes / No If yes explain: \_\_\_\_\_

### **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? 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your T-Shirt size? S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ XXL\_\_\_\_\_

<b>DO YOU FEEL COMFORTABLE TREATING, RECOGNIZING, ETC.?</b>	<b>YES</b>	<b>NO</b>
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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