

CONFIDENTIAL INFORMATION

Camp Open Arms 2009: July 6-17

Nurse/EMT Application

Must be current EMT, LPN, RN, PNP and Licensed in NYS

1. Name _____ DOB __/__/__ Age ___ Sex M or F
 Address _____ City _____
 State _____ Zip _____ Phone() _____
2. Who should we notify in case of an emergency: (Please give two names)
 Name: _____ Phone() _____
 Name: _____ Phone() _____
3. Why do you want to be a camp nurse? _____

4. Have you previously been convicted of a felony or misdemeanor? Yes or No
 If yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances.
5. Have you ever been arrested of child abuse or a sexual offense? Yes or No
 "I hereby authorize the appropriate police agencies to release information on any file record in my name pertaining to child physical or sexual abuse."

(Signature of applicant)

Date

Please enclose a copy of your current EMT, RN, LPN, or PNP license.

***IMPORTANT* - Other skills – Copy of CURRENT certification card must be enclosed with this application form:**

	Check Box if applicable	Card Expiration Date
Basic Life Support course in CPR	<input type="checkbox"/>	___/___/___
Responding to Emergencies	<input type="checkbox"/>	___/___/___
First Responder	<input type="checkbox"/>	___/___/___
Life Guard Certification	<input type="checkbox"/>	___/___/___
Emergency Medical Technician	<input type="checkbox"/>	___/___/___
Other – explain:	<input type="checkbox"/>	
