



March, 2010

Dear *Camp Open Arms* Medical Volunteer,

We are looking forward to another great year at *Camp Open Arms* July 12th - 23rd! We hope you will be able to join us this year. You make the difference for our campers.

Your application and medical forms are enclosed. Please look them over and return them no later than May 21st.

We will be based at **Charles Finney School** in Penfield for the camp.

For all medical staff, new and returning, there will be a mandatory meeting on July 12th, the first day of camp, at 8:30am. It is especially important that you attend this meeting since we will be going over medical and camp information. We will also review the camp rules and schedule at this time. If you have any questions, please call or email Kayleigh Nutting at (585) 423-9700 or knutting@gildasclubrochester.org.

This year's volunteer recognition event is Friday, April 30th at the Gilda's Clubhouse at 5:30 p.m. Don't forget to RSVP!

Sincerely,

Mike Walker
Camp Director

Mary Casselman
Camp Director

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CONFIDENTIAL INFORMATION

Camp Open Arms 2010: July 12-23

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() _____
Email: _____

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 for Professional Rescuer (within the year)	<input type="checkbox"/>	___ / ___ / ___
Responding to Emergencies	<input type="checkbox"/>	___ / ___ / ___
Certified First Responder	<input type="checkbox"/>	___ / ___ / ___
Life Guard Certification	<input type="checkbox"/>	___ / ___ / ___
Emergency Medical Technician	<input type="checkbox"/>	___ / ___ / ___
Other – explain:	<input type="checkbox"/>	

**HEALTH HISTORY
FOR NURSES**

Important: Please indicate if you have been exposed to any communicable disease during three weeks prior to camp attendance. **(Especially Chicken Pox or shingles – If exposed then you CANNOT attend camp.)**

New York State Department of Health requires that all health information be completed to the best of your knowledge, we are required to have this information on hand in case of an emergency. Thank you.

IMMUNIZATION HISTORY:

- 1. Tetnus Shot Date: _____
- 2. Tuberculin Test Date: _____
- 3. H1N1 Vaccine Date: _____

Name of Pysician _____ Phone _____
Name of Dentist _____ Phone _____
Medical/Hospital insurance carrier and policy or group number# _____
Current Medications _____
Physical Handicap _____
Allergies (please list) _____

IN THE EVENT OF AN EMERGENCY:

I hereby give permission to the physician/nurse practitioner selected by the Camp Health Director to order X-rays, routine tests, and treatment, and to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me:

Signature of Applicant _____ Date _____

PLEASE CIRCLE DATES YOU WILL BE AVAILABLE TO HELP AT CAMP.

First Week		Second Week
July 12, 13, 14, 15, 16	8:30 a.m. to 3:00 p.m.	July 19, 20, 21, 22, 23

****Please return this form by May 21, 2010. Thank You.**

*****Applicants, after completing this form, if you are a first time volunteer you must call Gilda's Club at (585) 423-9700 to schedule an interview.**

RETURN TO: **Camp Open Arms**
 Gilda's Club
 Attn: Mary Casselman & Kayleigh Nutting
 255 Alexander St.
 Rochester, NY 14607
 Fax: 585-423-9072