

**CAMP JULIETTE LOW
Nursing Staff Application**

P.O. Box 5113
Marietta, GA 30061
770-428-1062
info@cjl.org

PERSONAL INFORMATION

Name (as it appears on Social Security Card) Name called Social Security Number

Current Address – Street City State Zip Code

Current Telephone Cell phone Email address

Birthdate Driver's License Number Name as it appears on driver's license

Highest level of education completed Name of School/College/University

SESSIONS YOU ARE AVAILABLE: 1st 2nd 3rd 4th 5th Gypsy Week ALL

How many weeks would you like to work? _____

Do you have a relative attending camp this summer? Name _____ Session _____

WORK EXPERIENCE (Please list nursing work first)

Employer Duties

Dates of Employment Supervisor Phone number

Employer Duties

Dates of Employment Supervisor Phone number

Employer Duties

Dates of Employment Supervisor Phone number

THREE PERSONAL REFERENCES (NOT RELATIVES) from whom we may expect to receive a staff reference form. Staff reference forms can be downloaded from the website at www.CJL.org.

Name How they know you.

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CAMP EXPERIENCE

Camper or Staff? Camp Location Dates

FOR PREVIOUS CJL CAMPERS ONLY:

Number of Years at CJL as a camper _____ Were you a CIT at CJL? 1st 2nd Both

Have you been on staff before? _____ When? _____

CERTIFICATIONS:

Do you have any of the following certifications? If so, please give expiration dates and attach a copy.

RN License # _____ CPR _____ FIRST AID _____

Other certifications and expiration dates _____

MEDICAL AND PERSONAL HISTORY

Please attach a separate sheet and tell us why you are interested in working at Camp Juliette Low, what you consider to be your strengths and weaknesses, and what experiences you have working as a camp and/or school nurse.

Please list any physical limitations or restrictions that may affect your ability to fully participate in the duties performed in the infirmary. Note that the nurse’s job requires walking to every unit every day for inspection. (Attach another sheet if needed.)

Please list any physical or medical conditions (not described above) that would limit your ability to perform all of the essential functions of a camp nurse. (Attach another sheet if needed.)

*****You must have a current medical form on file with us which requires a physical examination in the last two years. A copy of the medical form will be sent to you with your contract if you are hired OR you can print it from our website at www.CJL.org.**

Have you ever been convicted of or entered a plea of guilty to any criminal charge? YES NO

If yes, please identify the nature of the offense and the disposition of that offense. (Attach another sheet if needed.)

*****A background check form has been sent with this application or you have printed one online. Please fill it out and return it when you return your application.**

I hereby certify by my signature on the application that:

1. I am committed to offering my best effort and ability to achieving Camp Juliette Low's purposes and goals, and I will abide by its governing rules, regulations and policies if my application is accepted;
2. I am physically and emotionally fit to fulfill the duties assigned to me;
3. I have never been held responsible or found guilty by any administrative, civil or criminal agency for any wrongful act or omission related to the neglect abuse, care or supervision of children or adolescents under the age of eighteen; and
4. I understand that the Director of Camp Juliette Low may, in her sole discretion, accept or reject my application. I further understand that my application shall not be further considered if the Director determines that the information contained in this application is incomplete or inaccurate in any material respect.

Signature _____ Date _____

Where/when would you be available for an interview?

T-shirt size: S M L XL XXL

*****If you have downloaded this application from our website, please be certain that you have also downloaded and completed the following:**

1. The background check form, which should be mailed with the application to:
Camp Juliette Low
P. O. Box 5113
Marietta, Georgia 30061
2. Three reference forms which should be given to the above named references. They should be completed and mailed to the above address as soon as possible. Your application will not be considered seriously until your reference forms arrive.