

2010 CAMP TRINITY NURSE APPLICATION

Return to: Mary Beth Gay
Trinity Center
P.O. Drawer 380
Salter Path, NC 28575
(252) 247-5600
(888) 874-6287

Date of Application_____

Name_____

(Last)

(First)

(Middle)

Social Security Number_____

Telephone Number()_____

Address_____

City_____ State_____ Zip_____

Driver's License Number:_____

List previous years of employment at Camp Trinity_____

Current place of employment_____

Position_____

List the name and location and dates of attendance of last two educational institutions in which you have been enrolled_____

Previous home addresses with applicable dates (list last two):_____

List previous work involving youth (please include location and dates)_____

What is your certification(s) and/or license/number:_____

Do you have a current COMMUNITY FIRST AID/CPR certification? _____
If not, will you be able to receive certification before the summer? _____

What contribution do you think you can make to Camp Trinity? _____

List by name, street, address, telephone number and contact person of your employers for the past 5 years.

Have you had any driver's license or other license (e.g. professional) suspended or revoked? If so, please give full details _____

Have you ever been arrested or charged with driving under the influence? If so, list each arrest and charge, when/where and the outcome. _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, please explain. _____

Have any formal or informal charges, claims or complaints ever been filed against you for inappropriate sexual behavior? If so, give full details. _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people? _____

If you are a new applicant please furnish the names of two persons, other than relatives or present/former employers to serve as personal references. Please give these reference forms directly to your references and have them mail the forms to: Mary Beth Gay Trinity Center P.O. Drawer 380 Salter Path, NC 28575

What specialized training in camping, and/or experience in other fields might have a bearing on the position for which you are applying?

Are you available for an interview if required? ____ It is preferable for the interview to be in person; however, if not possible, phone interviews can be arranged. What is the best time to reach you by telephone? _____

Please check on the attached sheet the date of a camp session or sessions in which you might be available to serve as the camp nurse.

Applicant's signature

***All statements become part of any future employee personnel files**