

# 2012 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

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

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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.

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Applicant's signature

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