

Camp KoralKids @ CSMC

Nurse Application Form

PLEASE NOTE: YOUR TRANSPORTATION IS NOT PROVIDED TO THE CAMP

Please Print or Type

Date: _____

Name: _____ Phone (Current): _____ Phone
(Permanent): _____

Current Address: _____ City: _____
ST: _____ Zip: _____

Permanent Address: _____ City: _____
ST: _____ Zip: _____

Age: _____ Date of Birth: _____ Sex: _____ RN License #: _____
Exp. Date: _____

Social Security Number: _____ Citizenship _____
Email address: _____

APPLYING FOR: (check applicable) _____

Full camp session: 6/9-6/20 : _____ or One week: 6/9 -6/13 _____ or
6/16 – 6/20 _____

Special Talent Counselor
(ex: Arts/Crafts, Sports, etc., Specific times everyday for full session): _____

Volunteer: _____

Dates/Times available:

Have you previously served as a camp staff member/counselor/volunteer for Camp
KoralKids?

- Yes, (indicate and provide any changes in information only on this application)
- No, Please complete the application

EDUCATIONAL BACKGROUND:

Name of School Date of Graduation Degree/Major

High School		
College		

EMPLOYMENT: (List past two years)

Dates	Employer	Address/Phone	Nature of Work	Supervisor	Reason for Leaving

Indicate any employer you do not wish us to contact and the reason:

PREVIOUS WORK/VOLUNTEER/CAMPING EXPERIENCE:

As a camper (when & where):

As a counselor or recreation staff (where/when/responsibilities/age(s) of children):

What age group do you prefer to work with?

List your hobbies, interests and skills:

Current Certifications/Expiration Dates: CPR: _____ Lifeguard: _____
PALS: _____

Languages Spoken: _____ Driver's License
number/State _____

Why do you want to become part of the Camp KoralKids Team?

Have you ever been convicted of or received a deferred adjudication with respect to any felony or crime involving violence, sexual molestation or abuse, theft, or child abuse?

Yes No

If yes, describe in detail – year, charge, and result:

MEDICAL INFORMATION:

Do you have diabetes? _____ Type: _____ Date Diagnosed: _____
Last Hgb A1C: _____

Does any member of your family have diabetes? _____ Relationship:

Date of last medical exam: _____ Physician's name/phone number: _____

LIST ALLERGIES:

LIST CURRENT MEDICATIONS:

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: _____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand that untrue, misleading or omitted information may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

H: counsel.for

Please Return to:

Camp Coordinator
Camp KoralKids
Coral Springs Medical Center
3000 Coral Hills Drive
Coral Springs, FL 33065

Questions? Call Community Education:

954-344-3344