



APPLICATION FOR NURSE/MEDIC OF THE WEEK

Camp Luther of Nebraska

1050 Road 4
Schuyler, NE 68661
(402) 352-5655

campluther@campluther.org, www.campluther.org

Name _____ T-Shirt Size _____

Address _____

City _____ State _____ ZIP _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Social Security No. (for background check) _____ - _____ - _____

Male Female Driver's License No. _____ State _____ Type _____

Church Membership _____ City _____ Denomination _____

CERTIFICATIONS AND LICENSURE: Please list type and expiration date of all CURRENT certifications and licensures. Please attach a copy of certification and/or license to verify qualifications.

Medical: _____

Aquatic: _____ Wilderness: _____ Other: _____

Have you ever been convicted of a child abuse or sexual abuse offense? Yes No If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes No If yes, please explain: _____

Do you have any impairment, physical or mental, which might limit or affect your performance of duties?

Yes No If yes, please explain: _____

Please rank the weeks you would be able to serve by availability:

____ June 6-10 ____ June 12-17 ____ June 19-24 ____ June 26-30 ____ July 5-8

____ July 10-15 ____ July 17-22 ____ July 24-29 ____ July 31-August 5

APPLICANT'S SIGNATURE: Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Luther of Nebraska on your behalf. If accepted into a position, any false statements on this form are grounds for immediate dismissal.

I give my permission to contact any previous employer and/or reference, and I will hold harmless any such employer/reference for any information they release about me relative to my volunteering at Camp Luther of Nebraska.

Signed: _____ Date: _____