

## Warm Beach Camp Volunteer Nurse/Doctor Application

Please return this form to: *Jessica Wilson, Warm Beach Camp; 20800 Marine Drive; Stanwood, WA 98292*, to reserve your choice of dates to serve as volunteer nurse/doctor in **2014**.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ May we contact you at work: Yes  No

1. Please list the camps you would like to volunteer for:  
1<sup>st</sup> Choice (Camp name and date) \_\_\_\_\_  
2<sup>nd</sup> Choice (Camp name and date) \_\_\_\_\_  
3<sup>rd</sup> Choice (Camp name and date) \_\_\_\_\_

2. I will be able to use my own vehicle while acting as the Nurse/Doctor: Yes  No
3. Type of current medical license\* \_\_\_\_\_  
(RN, LPN, MD, etc.)

4. Are you currently employed as a nurse/doctor? Yes  No

5. Briefly give an overview of your nursing/medical experience and employment:

6. Why do you want to be a volunteer nurse/doctor at Warm Beach Camp?

7. Please list family members who may be with you:  
Spouse \_\_\_\_\_ Children (Names and ages) \_\_\_\_\_

8. Will you require linens for yourself or other family members during your stay? If yes, for what members of your party?

Would you like any of your children to attend youth camp during your stay? Yes  No   
Which child(ren)/camp(s) \_\_\_\_\_

**Note: Filling out this form is to provide us with your volunteer information. It does not reserve a space for your child in a youth camp. You must register him/her separately.**

9. Do you have any friends you feel would like to be on the volunteer nurse mailing list? If so, please list their names, addresses and phone numbers here. \_\_\_\_\_

# BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (applicant complete name), hereby authorize Warm Beach Christian Camps and Conference Center (the Camp) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with the Camp.

I release the Camp and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. The following is my true and complete legal name, and all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  Male  Female  
Full Legal Name (printed)

\_\_\_\_\_  
Other Names Used (Maiden name, alias, legal name change, etc)

\_\_\_\_\_  
Present street address: \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Former street addresses in past 7 years \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
Former City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's license # \_\_\_\_\_  
State of License \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 1/10)