



Dear Applicant,

Thank you for your interest in the Trinitas Regional Medical Center 2017 Nurse Camp Program.

We have an exciting program designed to introduce you to a variety of health professions.

Following this introductory letter you will find an application to participate in this wonderful program.

Please note the following:

- The application must be complete and received in its entirety by **JUNE 1, 2017**
- Applications must include a \$25 refundable deposit to secure your seat (please note that it does not guarantee acceptance to the program and will be refunded to you if you are not selected to participate). It should be made payable to Trinitas Regional Medical Center.
- Space is limited and is available on a first come, first serve basis.

Please remember this is a VERY POPULAR program and usually fills up before June 1.

Sincerely,
Lisa E. Liss

Lisa E. Liss
Director – Volunteer Services



APPLICATION FOR NURSE CAMP 2017

Name: Last _____ First _____ Date: _____

Home Address: _____ **City** _____ **State** _____ **Zip Code** _____

Date of Birth: _____ **Home Phone:** _____ **Are you Male or Female?** (circle one)

Cell Phone: _____ **E-mail** _____

Parent or Guardian's Name: _____ **cell phone#** _____

Address: _____

Name of School: _____

Address of School: _____

Grade in September 2017: _____

Have you attended Nursing Camp before: ____Y ____N

Are you a resident of Union County: ____Y ____N

Are you CPR Certified ____Y ____N **If not:**

Would you like to become CPR Certified ____Y

Please circle size for scrubs:

Tops: circle one XS S M L XL Other

Bottoms: circle one XS S M L XL Other

Please check the box next to the week you would like to be considered for: (indicate first and second choice)

Week #1 6/26- 6/30 **Week #2** 7/10-7/14 **Week #3** 7/17- 7/21

Week #4 8/7- 8/11 **Week #5** 8/14- 8/18 **Week #6** 8/21- 8/25

PERSON TO BE CONTACTED IN AN EMERGENCY:

Name: _____ **Relationship:** _____

Address: _____ **City & State** _____ **Phone #** _____

Career Planned: _____

Why do you want to participate in Nursing Camp?

References:

1. _____

Name	Relationship to you	Phone No.
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2. _____

Name	Relationship to you	Phone No.
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Please read the following carefully before signing this application

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Trinitas Regional Medical Center that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Trinitas Regional Medical Center or my termination as a volunteer. I hereby authorize that I may be interviewed, photographed or videotaped by a photographer or videographer authorized by Trinitas Regional Medical Center. I understand that such interview, photograph or video may be used in print and electronic communications. I further understand that this consent is expressly intended to release all personnel of Trinitas Regional Medical Center, as well as the attending physician and consultants, from any claim arising out of the use of such interviews, photographs and/or videotape

Signature

Date

PLEASE NOTE: Application is not complete and will not be considered if not returned in its entirety by June 1, 2017.

COMPLETION OF APPLICATION DOES NOT INDICATE ACCEPTANCE INTO THE PROGRAM.



TO GUIDANCE COUNSELOR

Mr./Miss _____ has expressed an interest in becoming a participant in Nursing Camp, part of the Teen Volunteer Program at Trinitas Regional Medical Center.

In order to insure the selection of the most eligible applicants, we would appreciate your cooperation by completing the following questionnaire. If you have any questions, please feel free to contact Lisa Liss, Director of Volunteer Services at (908) 994-5164.

Thank you for your assistance.

1. Scholastically, the applicant is considered:

Excellent _____ Good _____ Fair _____

2. The applicant is cooperative and accepting of authority:

Excellent _____ Good _____ Fair _____

3. The applicant is conscientious:

Excellent _____ Good _____ Fair _____

4. The applicant is willing and able to follow directions:

Excellent _____ Good _____ Fair _____

5. The applicant's attendance and tardy record is:

Excellent _____ Good _____ Fair _____

6. The applicant is in good health:

Excellent _____ Good _____ Fair _____

I recommend the applicant for Trinitas Regional Medical Center Nursing Camp:

With enthusiasm _____ I would not recommend _____

🍏 Please check here if student receives free or reduced lunch.

Signature Date

School



TRINITAS REGIONAL MEDICAL CENTER

Dear Parent or Guardian:

Your permission is necessary for _____ to have a Mantoux Test for TB once accepted. **If the Mantoux Test for TB is positive, it will be necessary to have a chest x-ray performed. If the Mantoux Test for TB is positive, a urine test for pregnancy will be required for all females.** Please sign below to indicate your approval.

1. Please indicate if your child has a history of allergies. Please be as specific as possible.

My child _____ is free from allergies.
(name – please print)

My child _____ has the following allergies: i.e food, latex, etc.
(name – please print)

2. My child _____ has the following physical and/or emotional condition requiring restrictions and/or precautions to be observed:
(name – please print)

PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD ALONG WITH THIS APPLICATION. THIS CAN BE OBTAINED FROM YOUR CHILD'S PHYSICIAN OR SCHOOL NURSE.

Sincerely,
Lisa E. Liss

**Lisa E. Liss
Director - Volunteer Services**

I give permission to the staff of Trinitas Regional Medical Center to complete all Medical Center requirements for pre-placement tests.

Parent or Guardian Signature

Date

Relationship

Dear Parent or Guardian:

PLEASE READ THE FOLLOWING CAREFULLY

Your son/daughter has expressed an interest in participating in Nursing Camp at Trinitas Regional Medical Center. We would appreciate if you would sign the consent form below and have your son/daughter return it to us as soon as possible since it becomes part of their permanent record.

The form assures Trinitas Regional Medical Center that:

1. Your son/daughter is entering 11th or 12th grade in September 2017.
2. He/she attends Nursing Camp with your approval.
3. Both you and he/she realize that attendance is now his/her responsibility and should be taken very seriously. He/she agrees to complete a week of instruction, from 7:30am to 3:00pm. He/she must follow all rules and regulations established and be regular in attendance. Should an attendee be negligent of his/her duties, it may be cause for dismissal from the program.
4. He/she is not to be at the Medical Center on any other days or times than those assigned except when visiting a patient.
5. He/she is at the Medical Center as part of our Nursing Camp Program. Excessive socializing on the premises may result in termination.
6. It is the duty of the parent/guardian to assume responsibility for transportation to and from the Medical Center.
7. Unless there is an emergency, campers may not make or receive phone calls. Please arrange transportation ahead of time.
8. Uniforms are required. A uniform will be provided on the first day for your child. Uniforms must be worn at all times and it is the responsibility of the camper to keep their uniform neat and clean.
9. Students MAY NOT leave TRMC campus for any reason.
10. Signature below does not indicate acceptance to Nursing Camp.

Director - Volunteer Services
Trinitas Regional Medical Center

TO: DIRECTOR OF VOLUNTEER SERVICES

My son/daughter _____ is entering 11th or 12th grade in September 2017 and has my consent to become a participant in NURSING CAMP at Trinitas Regional Medical Center on the day/days for which he/she is scheduled and to adhere to the rules and regulations of the Volunteer Program.

Signature

Date

Please check one: Parent _____ Guardian _____