



**2018**

Dear Applicant,

Thank you for your interest in the Trinitas Regional Medical Center Nurse Camp Program 2018.

We have an exciting program designed to introduce you to Health Professions.

As you requested, you will find attached 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, 2018 (PROGRAM MAY FILL PRIOR TO JUNE 1)
- Applications must include a \$25 refundable deposit made payable to:

Trinitas Regional Medical Center

In order to secure your seat (this does not guarantee acceptance)

Please mail your application and deposit to:

Volunteer Services  
Trinitas Regional Medical Center  
225 Williamson Street  
Elizabeth, NJ 07207

Email and Faxed applications will NOT BE ACCEPTED.

Space is limited and is available on a first come, first serve basis.

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

Sincerely,

*Lisa E. Liss*

Lisa E. Liss  
Director – Volunteer Services



## **TRINITAS REGIONAL MEDICAL CENTER 2018 NURSE CAMP CHECKLIST**

### **I have enclosed:**

- Completed Application
- Immunization Record
- Documentation of a NEGATIVE PPD Test performed within the past year (if available)
- Guidance Counselor Recommendation
- Parental Permission form
- \$25 Deposit

**Make certain each page is signed with appropriate signatures.**

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**TRINITAS**  
Regional Medical Center  
225 Williamson Street  
Elizabeth, NJ 07207



**APPLICATION FOR NURSE CAMP 2018**

**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 2018:** \_\_\_\_\_

**Have you attended Nurse Camp before:** \_\_\_\_Y \_\_\_\_N

**Are you a resident of Union County:** \_\_\_\_Y \_\_\_\_N

**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** 7/9-7/13       **Week #2** 7/16-7/20       **Week #3** 7/23-7/27

**Week #4** 8/6-8/10       **Week #5** 8/13-8/17       **Week #6** 8/20-8/24

**PERSON TO BE CONTACTED IN AN EMERGENCY:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City & State** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Career Planned:** \_\_\_\_\_

**Why do you want to participate in Nurse Camp?**

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**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, 2018. This program is very popular and usually fills early.**

**COMPLETION OF APPLICATION DOES NOT INDICATE ACCEPTANCE INTO THE PROGRAM.**



**TO GUIDANCE COUNSELOR**

**Mr./Miss \_\_\_\_\_ has expressed an interest in becoming a participant in Nurse 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 Nurse Camp:

With enthusiasm\_\_\_\_\_ I would not recommend\_\_\_\_\_

Please check here if student receives free or reduced lunch.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

**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**

(name – please print)

**condition requiring restrictions and/or precautions to be observed:**

\_\_\_\_\_  
**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

If you prefer to have the TB test done by your private physician, it must be completed by and documentation received by June 1 or your place will be forfeited.

Dear Parent or Guardian:

**PLEASE READ THE FOLLOWING CAREFULLY**

Your son/daughter has expressed an interest in participating in Nurse 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 11<sup>th</sup> or 12<sup>th</sup> grade in September 2018.
2. He/she attends Nurse 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 Nurse 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 Nurse Camp.

Director - Volunteer Services  
Trinitas Regional Medical Center

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**TO: DIRECTOR OF VOLUNTEER SERVICES**

My son/daughter \_\_\_\_\_ is entering 11<sup>th</sup> or 12<sup>th</sup> grade in September 2018 and has my consent to become a participant in NURSE 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.

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Signature

Date

Please check one: Parent \_\_\_\_\_ Guardian \_\_\_\_\_