



Nursing Application

Date of Application: _____

Please fill out both sides and return to:

Dale Decker
Director of Campus Based Services
Cradle Beach Camp
8038 Old Lakeshore Rd.
Angola, NY 14006
(716) 549-6307 EXT 206

Please have the three (3) Reference Forms filled out by (3) different people other than relatives, who would be familiar with your qualifications and have them mailed to the address above.

PERSONAL INFORMATION:

Name: _____ SSN: _____ Date of Birth: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Number: _____ E-mail Address: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

EDUCATION: Name of School Years Attended Graduation Date

High School: _____

College: _____

Field of Study/Other: _____

Extra-curricular Activites/Intrests: _____

EXPERIENCE/EMPLOYMENT HISTORY:

List any experience as a camper: _____

List most recent jobs first

Employer: _____ Address: _____ Dates: _____

Position: _____ Supervisor: _____ Phone: _____

Employer: _____ Address: _____ Dates: _____

Position: _____ Supervisor: _____ Phone: _____

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Position: _____ Supervisor: _____ Phone: _____

CAMP REQUIRES A COMPLETE PHYSICAL PRIOR TO EMPLOYMENT

References: People, other than relatives, who would be familiar with your qualifications.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ How acquainted: _____

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Please comment on the following (use an additional sheet of paper, if necessary):

1. Your reasons for wanting to work at Cradle Beach Camp:

2. What do you hope to be able to gain from camp:

3. What you hope to give to camp:

Signature: _____

Date: _____

Self-Identification Compliance Form

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Name: _____

Gender: Please place a check next to the appropriate category.

MALE FEMALE

Race/Ethnicity: Please check one.

- Hispanic or Latino
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- White (Not Hispanic or Latino)

Veteran Status: Check all that apply.

- I am a disabled veteran. †
- I am a recently separated veteran. † Date of discharge (MM/DD/YY) _____
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).
- I am not a veteran

Disability:

- I am an individual with a disability. *
- I do not have a disability

† SELF-IDENTIFICATION FORM DEFINITIONS

1. The term "Disabled Veteran" means –
 - A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
 - B. a person who was discharged or released from active duty because of a service-connected disability.
2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.

* You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Diabetes	Autism Cerebral palsy	Bipolar disorder
Deafness	Epilepsy	Schizophrenia	Major depression
Cancer	HIV/AIDS	Muscular dystrophy	Multiple sclerosis (MS)
Missing limbs or partially missing limbs		Post-traumatic stress disorder (PTSD)	
Obsessive compulsive disorder	Impairments requiring the use of a wheelchair	Intellectual disability (previously called mental retardation)	

I have received the form and decline to provide the requested information.

CRADLE BEACH CAMP

REFERENCE FORM

Cradle Beach Camp has received an application for a position from:

Applicant's Name

Cradle Beach Camp is a co-educational, residential camp serving disabled and disadvantaged children, ages 8 through 16. It is important, therefore, that people who join the staff have an emotional balance and maturity that will enable them to meet the demands of hard work, diversity, and special needs. Anyone who has a tendency to solve problems with aggression or force should not be recommended to work at our camp.

How long have you known the applicant? _____

In what position/relationship? _____

Rate the person in the areas listed below on a scale or 1 (low) to 5 (high) and leave blanks if you cannot respond.

_____ CLINICAL SKILLS- applies nursing knowledge in providing direct care

_____ PROFESSIONALISM- demonstrates professional behavior in providing nursing care

_____ ENTHUSIASM- optimistic, upbeat outlook, cheerful, appropriate sense of humor

_____ INITIATIVE- self-starter, does more than required

_____ INTERACTIONS WITH CHILDREN- interactions are age appropriate

_____ JUDGEMENT- demonstrates good clinical judgement

_____ ENDURANCE- stamina and perseverance, adheres to a high standard of work

_____ ADAPTABILITY- flexible to live/work in a variety of situations, open to change

_____ COMMUNICATION SKILLS- listens and expresses ideas effectively, honestly and sincerely

_____ RELATIONSHIPS- relates well to peers, co-workers, and children

_____ APPRECIATES DIVERSITY- including racial, ethnic, ability and gender differences

_____ RESPONSIBILITY- accepts assignments and follows through effectively

COMMENTS – please include any information that you feel is pertinent. All information will be considered confidential.

Would you welcome this person as a counselor of your children? YES _____ NO _____

Reason(s):

Signature

Date

Address

Position and Organization

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