

**Gales Creek Camp Foundation for
Children with Diabetes
Phone: 503.968-2267
Fax: 503.443-2313**

Please complete and return form to:

Joannie Kono, RN, CDE
707 Gaines Street
Mail Code CRRCP
Portland, Oregon 97239

Date of Application: _____

MEDICAL TEAM APPLICATION

Position Applying For: Camp Nurse Med-tech Dietitian

Applicant Name: _____

Permanent Address: _____

School Address: _____

Permanent Phone: _____ School Phone: _____

Email Address _____

EDUCATION:

High School Graduate Yes, year graduated: _____ No

College/University Attended: _____

Number of Years Attended: 1 2 3 4 5 6 7 8
(Circle Appropriate Number)

Did You Graduate: Yes Degree Type Earned: _____

No Major Area of Study: _____

Certificates Earned/Additional Education/Training: _____

EMPLOYMENT HISTORY:

Employer (1): _____ Employment Dates: _____

Supervisor: _____ Phone: _____

Position Title: _____

Accountabilities: _____

Reason for Leaving: _____

May We Contact This Employer: Yes No

Employer (2): _____ Employment Dates: _____

Supervisor: _____ Phone: _____

Position Title: _____

Accountabilities: _____

Reason for Leaving: _____

May We Contact This Employer: Yes No

Employer (3): _____ Employment Dates: _____

Supervisor: _____ Phone: _____

Position Title: _____

Accountabilities: _____

Reason for Leaving: _____

May We Contact This Employer: Yes No

CAMP EXPERIENCE:

Camp Name (1): _____ Location: _____

Were You a Camper: Yes No Were You a Staff Member: Yes No

Dates Attended: _____

Camp Name (2): _____ Location: _____

Were You a Camper: Yes No Were You a Staff Member: Yes No

Dates Attended: _____

REFERENCES: Please give names, addresses, phone numbers, and length of time known of three (3) persons (not relatives) having knowledge of your character, professional experiences and abilities.

Name (1): _____ Years Known: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name (2): _____ Years Known: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name (3): _____ Years Known: _____

Address: _____

Work Phone: _____ Home Phone: _____

GENERAL INFORMATION:

Available Dates for Employment: _____

Licensure: Yes No If Yes, Oregon License #: _____

Board Eligible: Yes No If Yes, Date Board will be Taken: _____

CERTIFICATIONS:

Current CPR: Yes No If Yes, Expiration Date: _____

Food Handlers: Yes No If Yes, Expiration Date: _____

Have you ever been convicted of a crime? Yes No If Yes, Which State: _____

Have you ever been arrested? Yes No If Yes, Explain: _____

Do you have a valid driver's license? Yes No If Yes, Which State: _____

Are you available to interview in Portland?: Yes No If Yes, When: _____

AUTHORIZATION:

I authorize investigation of all statements herein and release the Gales Creek Camp Foundation and all others from liability in connection with the same. I understand that, if employed, I will be a temporary summer at-will employee and that any agreement to the contrary must be in writing and signed by the director of the Foundation. I also understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by the Foundation.

Applicant's Signature

Date Signed

All statements become part of any future employee files.

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