

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

This is a Fillable PDF. Information may be saved into this form.

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

**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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