



Attach Photo  
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**2010 CAMP NURSE WEB APPLICATION**  
Return to: 2689 Highway 39, Hunt, TX 78024 (830) 238-4660

Full Name \_\_\_\_\_ Name Used \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Ph # \_\_\_\_\_

Cell # \_\_\_\_\_ Date-Of-Birth \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_

Email \_\_\_\_\_ College Name \_\_\_\_\_ Major \_\_\_\_\_

College Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Ph # \_\_\_\_\_

Circle: Freshman / Sophomore / Junior / Senior Social Security # \_\_\_\_\_ Sorority \_\_\_\_\_

Have you attended Camp Mystic before? \_\_\_\_\_ Who told you about Mystic? \_\_\_\_\_

Other camps attended or employed by \_\_\_\_\_

**NURSING QUALIFICATIONS**

1. Are you a(n) (please circle):            STUDENT NURSE            LVN            RN

2. List hospitals or medical facilities where you have worked or trained. \_\_\_\_\_

\_\_\_\_\_

3. Name of the Nursing School you attended or currently attend: \_\_\_\_\_

4. Have you had any experience caring for children? If so, describe and list the name of the institution, age of the children, type of care, etc.

\_\_\_\_\_

5. Have you had any experience in emergency care? If so, please describe this experience.

\_\_\_\_\_

6. Have you ever worked at a camp facility as a nurse? If so, please describe this experience.

\_\_\_\_\_

CHECK THE TERM (OR TERMS) YOU WISH TO SERVE AS A NURSE:

First Term  
Five Weeks \_\_\_\_\_  
June 1 – July 3  
(Dates include orientation)

Second Term  
Five Weeks \_\_\_\_\_  
July 5 – August 6  
(Dates include orientation)

Third Term  
Two Weeks \_\_\_\_\_  
August 7 – 21  
(Dates include orientation)

Please give at least 3 names with full e-mail addresses and phone numbers as references: a teacher, a resident of your community, head nurse of a hospital, or an employer.

| NAME  | E-MAIL ADDRESS | PHONE # | OCCUPATION |
|-------|----------------|---------|------------|
| _____ | _____          | _____   | _____      |
| _____ | _____          | _____   | _____      |
| _____ | _____          | _____   | _____      |

I give Camp Mystic my permission to check my references and my background. \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

We are dedicated to creating a healthy environment for our campers and employees. To help us accomplish this goal at Camp Mystic, we need nurses who are dedicated toward this objective. Please circle the word which best describes YOUR personal views on the following subjects (indicate how YOU stand and NOT the way you feel toward others):

1. DRINKING ALCOHOLIC BEVERAGES – A. Avoid B. Sinful C. Acceptable for others only  
D. OK if of age E. Completely acceptable COMMENT \_\_\_\_\_
2. SMOKING -- A. Avoid B. Sinful C. Acceptable for others only D. Completely acceptable  
COMMENT \_\_\_\_\_
3. ILLEGAL DRUGS -- A. Avoid B. Sinful C. Acceptable for others only D. Completely acceptable  
COMMENT \_\_\_\_\_
4. HOMOSEXUALITY -- A. Avoid B. Sinful C. Acceptable for others only D. Completely acceptable  
COMMENT \_\_\_\_\_
5. TATTOOS & BODY PIERCING – A. Avoid B. Acceptable for others only C. Completely acceptable  
COMMENT \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

Camp Mystic has a no smoking policy on campgrounds. Will you be able to comply? \_\_\_\_\_

You will not be allowed to consume alcoholic beverages on or off the campgrounds while on contract. Will you be able to comply with this policy? \_\_\_\_\_

What honors have you received while in schools or camps? \_\_\_\_\_

What role has Christianity played in your life? \_\_\_\_\_

If you are hired and sign a contract this spring, do you consider your signature and word binding? \_\_\_\_\_

What circumstances may prevent you from fulfilling a contract? \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF YOUR NURSING LICENSE TO THIS APPLICATION!\*\***