



# CROOKED CREEK CAMP NURSE PROGRAM APPLICATION

Crooked Creek's Nurse Program operates in conjunction with the weekly Camp Physician Program. The nurse is invited to participate in one or more weeks of camp to get a closer look at the Young Life ministry and the camping experience. The nurse's services during the week allow Young Life an additional degree of professionalism in the medical services provided to campers. Nurses who provide medical care at Young Life camps are covered by Young Life's General Liability Insurance policy. The nurse is considered a guest of the camp for the week and is only financially responsible for their transportation to and from camp.

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Area of specialization (if any) \_\_\_\_\_

What week(s) would you like to serve as a camp nurse? \_\_\_\_\_  
*Crooked Creek is open to having the nurse serve multiple weeks in a row if the nurse's schedule will allow.* (1<sup>st</sup> choice) (2<sup>nd</sup> choice)

1. Give a brief description of your medical career thus far. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what states/provinces are you currently licensed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently maintain Professional Liability Insurance, and if so, with whom (provide carrier name and policy) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your license ever been suspended or revoked? If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had privileges suspended or revoked at hospitals where you have practiced medicine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe your involvement with Young Life. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How did you learn about the Crooked Creek Nurse's Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you served at a Young Life camp before? If so, where, when, and in what role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List any church and ministry involvement in which you are active. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Family: Spouse \_\_\_\_\_

Kids: Name & Ages \_\_\_\_\_

## REFERENCES

### Professional Colleague

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Young Life Staff

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_



# Camp Nurse's Insurability Form

(Attachment to Form 6011 - Camp Nurse's Program Application)

## EXPLANATION

The purpose of this form is to secure information that can attest to your insurability as it pertains to professional liability insurance coverage.

## MEDICAL LICENSING

Please provide the following information for all of the states in which you practiced during the last 5 years:

State	License Number	Effective Date	Expiration Date	Active (Yes/No)

## PROFESSIONAL LIABILITY COVERAGE

Please list your professional liability insurance coverage currently and for each of the last 5 years:

Insurance Co.	Limits of Liability	Effective Date	Expiration Date	Claims Made

## RESUME

A copy of your resume is required to be on file with our office. Has a copy of your resume been submitted along with this form?  Yes  No

Reason for not submitting \_\_\_\_\_

## SIGNATURE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_