

**YCS SUMMER CAMP
JOB APPLICATION FORM
NURSE, MEDICAL ASSISTANT & CERTIFIED NURSING ASSISTANT**

NAME: _____ DOB: ____/____/____

POSITION APPLYING FOR:

Circle one: NURSE MEDICAL ASSISTANT **CERTIFIED NURSING ASSISTANT**
Circle one: ON-SITE BACK-UP

YCS PRIMARY JOB REGION (circle one): NORTHERN SOUTHERN

SITE: _____ POSITION: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Have you worked as a counselor, nurse, MA or CNA at the YCS Summer Camp (circle one)? Yes No

Have you worked as a counselor, nurse, MA or CNA at a non-YCS Summer Camp (circle one)? Yes No

What dates during camp are you available to work? _____

By signing this application, I verify that all information is accurate. _____
Applicant's signature

The section below is to be completed by the supervisor and Administrator/Principal of the applicant:

Do you recommend this applicant to work as a staff member of the YCS Summer Camp?

_____ *Yes* _____ *No* _____ *Not sure*

Please explain your response: _____

Supervisor Signature Date Administrator/Principal Signature Date

Approved by: _____
Interviewer Signature

VP of Health Service Signature

Date

Date