



Camp Ronald McDonald for Good Times®
Volunteer Camp Doctor and Nurse Application

Date _____

Name _____

Mailing Address _____

City, State, Zip Code _____

Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Email _____

How did you hear about Camp Ronald McDonald for Good Times? (Please be specific)

Have you ever been convicted of a felony? (If yes, attach explanation)

Would you object to being finger printed?

California Medical or Nursing License Number _____ Expiration Date _____

Do you have current BCLS Training?

If yes, BCLS Certificate Number _____ Expiration Date _____

Do you have PALS Training?

If yes, PALS Certificate Number _____ Expiration Date _____

Employment:

Hospital where you are currently employed _____

If retired, last hospital of employment _____

Highest Education:

Year Graduated _____ College/School _____

Personal Reference:

Name	Relationship	Phone	Email
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Do you speak any language other than English? (Please list) _____

Session(s) you are interested in volunteering:

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. I understand that this is an application only and not a guarantee of a position.

Signature _____ Date _____

Fill-in form can be saved and emailed to brian@campronaldmcdonald.org or printed and faxed to 951.659.4710