Camp Medical Director

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| Name: | Home Phone Number: | | |
|------------------------------------|--------------------|--|------------|
| Address: | Cell Phone # | | - |
| City: | State: | Zip Code: | |
| Date of Birth: | Age: | E-Mail: | |
| Tee Shirt Size: | | EDUCATION | |
| Highest Level Completed: | | _ Area of Study: | |
| School Attended: | | Degree Received: | |
| Please list all prior work experie | | OR EXPERIENCE with the most recent (attach additional paper if n | necessary) |
| Employer: | D | uties: | |
| Employers Address: | | | _ |
| Employers Phone Number: | Im | mediate Supervisor: | |
| Dates Employed: | | | _ |
| Employer: | D | outies: | |
| Employers Address: | | | _ |
| Employers Phone Number: | Im | amediate Supervisor: | |
| Dates Employed: | | | |

| etc.) | |
|--|----------------------------------|
| 1. Certification | Expiration Date |
| 2. Certification | Expiration Date |
| 3. Certification | Expiration Date |
| REF | ERENCES |
| List three (3) references below. Please include COM | IPLETE address and phone number. |
| 1 | |
| 2 | |
| 3 | |
| ************************************** | |
| Please describe any past experience you have that wo | ould help you in a camp setting. |
| Please list any medical or first aid experience. | |
| ************************************** | |
| Signature: | Date: |

Please list current certifications held, including expiration date (i.e. CPR, First Aid, Lifeguard Training, PSI,

** Please include a copy of your Birth Certificate **

CAMP MEDICAL DIRECTOR

| Qualifications: | Must be at least 21 years of age Must have previous experience working with children Must have previous supervisory experience Must hold current Responding to Emergencies First Aid Certification and Basic Life Support for the Professional Rescuer as minimum certifications EMT | | |
|----------------------------|---|--|--|
| Responsible to: | Camp Director | | |
| General Responsibilities: | Emergency care for the campers and staff | | |
| Specific Responsibilities: | Supervises the health and sanitation of the camp Maintain campers confidential medical history Oversees initial health screening (on registration forms) and daily health surveillance of camp participants Handles health emergencies, all camper injuries and all emergency procedures, including emergency preparedness and provisions for professional health care (if an emergency contact should be called, transportation to a hospital, etc.) Maintains camp daily Medical Log Reports incidents that are reportable to the Rensselaer County Department of Health within 24 hours Phone emergency contacts should such attention be necessary Any additional duties as asked by the Youth Chairman or Camp Director | | |

| I have read the above job description and I understand and accept the responsibilities and expectations as state | | | | | | |
|--|-------------|--|--|--|--|--|
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| - | | | | | | |
| Signature | Date | | | | | |