



Camp Braveheart Employee Application Form

Camp dates are June 7 to 12, 2009. Volunteers are required to arrive on June 6. Children's employee volunteer forms must be returned by **April 15, 2009**.

Return application forms to:

Shannon Chapman, Transplant Administration or fax to 404-785-6747

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ Circle One: Male Female

Job Title: _____ Department: _____

Manager's Name/Phone Number: _____

Director's Name/Phone Number: _____

T-shirt size: _____

In Case of Emergency

Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Medical Information

Allergies (food and/or drug): _____

Blood Pressure: _____

Please list ALL medications you are using at this time. Please specify dosage and frequency of each medication. You will be responsible for bringing and taking your own medications. _____

Please list **in detail** any physical and medical conditions or restrictions which should be known: _____



Camp Dates: Sunday, June 7 to Friday, June 12, 2009

Volunteers arrive on the afternoon of Saturday, June 6.

What dates are you able to attend camp? We encourage volunteers to stay the entire week, however, if you are unable to do so, please list available dates.

Medical Staff

Area of Specialty: _____ **Years Experience:** _____

Professional Title: _____

License #: _____

*Must attach copy of front and back

Please list any certifications with expiration dates such as Basic Life Support, CPR, First Aid, Lifesaving, WSI, Specialized Activities, etc.

RNs that choose to serve as nurses, attend orientation, and/or medical in-services at camp will have the opportunity to earn CEU credits & CAN points

Volunteer Options

Please check the volunteer positions that appeal to you:

Nurse

___ Full time nurse: distribute meds at meal times and triage campers in med lodge

___ Part time nurse: give medications as well as serve as a cabin counselor

Cabin Counselor

Please number age preference: 1st, 2nd and 3rd

___ 7 to 9 Boys

___ 7 to 9 Girls

___ 10 to 12 Boys

___ 10 to 12 Girls

___ 13 to 15 Boys

___ 13 to 15 Girls

___ 16 to 18 Boys

___ 16 to 18 Girls

Activity Staff

Please number activity preference: 1st through 5th choices

___ Day helper for cabins

___ Horseback riding

___ Sports and games

___ Afternoon and evening activities

___ Cooking

___ Arts and crafts

Children's Healthcare of Atlanta employees are eligible to receive pay and are insured by Children's during their time spent at camp. Employees MUST complete the Camp Attendance Form and return it with this application.

Children need Children's