



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](mailto:brian@campronaldmcdonald.org) or printed and faxed to 951.659.4710