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:		
•	ence, beginning	IOR EXPERIENCE with the most recent (attach additional paper if necessity) Outlies:	essary).
Employers Phone Number:	nber: Immediate Supervisor:		
Dates Employed:			
Employer:		Outies:	
Employers Address:		·	
		nmediate Supervisor:	
Dates Employed:			

etc.)	id, including expiration date (i.e. CFK, First Aid, Lifeguard Tran
1. Certification	Expiration Date
2. Certification	Expiration Date
3. Certification	Expiration Date
	REFERENCES
List three (3) references below. Pl	ease include COMPLETE address and phone number.
1	
2	
3	
	e you have as a Director or Staff Supervisor. e you have that would help you in a camp setting.
Please list any medical or first aid o	experience.

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

CAMP MEDICAL DIRECTOR

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- 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 under	erstand and accept the responsibilities and expectations as stated.
Signature	Date