

US Gymnastics Training Centers 2010 camp

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Nurse's Application

_____/_____/_____
Last name First name Mid initial Sex Date of birth

Street or Box number Town State Zip Code

Tel. number (____) ____-____ Cell (____) ____-____

Email _____

CIRCLE Sessions you want to work

August 1-August 7 - August 8-14

Please send your resume, including copy of licenses and certifications

Have you ever worked at a camp? _____ Name of camp _____

List three professional references we can call. No family members.

1. _____ (____) ____-____ Relationship _____

2. _____ (____) ____-____ Relationship _____

3. _____ (____) ____-____ Relationship _____

My present job is with _____

Person to contact for a reference _____ Tel number (____) ____-____

My last job was with _____

Reason for leaving _____

Person to call _____ Phone number (____) ____-____