



CAMP WeCanDo
Clinical Staff Application 2009
Camp for Kids with Asthma or Diabetes

Mail to: Lesley Edwards - Children's Camps
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Name: _____ / _____
First Middle Last Nickname

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Professional license or certification (check all that apply): RN _____, CDE _____, Pharmacist _____, LPN _____,
RT _____, PA _____, NP _____, MD _____

Mission employees only: Employee number: _____ and department: _____

Non-Mission employees only: Social Security # _____ - _____ - _____ and Birth Date: _____

Gender: M F T-shirt size: __S __M __L __XL __XXL __XXXL

I am interested in working at Camp WeCanDo for kids with diabetes or asthma, June 27 - July 3, 2009 (including orientation) in the following capacity:

- _____ Clinical Team Member with the following credentials:
_____ Diabetes care and insulin pump management skills or
_____ Medication administration and IV start skills.
_____ Other (please specify) _____

Please indicate which shift you would prefer:

__ Day Shift __Night Shift (10pm-7am) __Wherever I'm most needed

Will you be bringing a child to camp this year? __NO __YES If 'yes' please fill out registration form for campers.

If you checked 'YES', you will need to register your child as a camper. This additional paperwork will be included in an Orientation Packet that will be sent to you this spring. The cost for each child is \$325. This fee is waived for clinical staff who volunteer. Unless they have diabetes or asthma, your child is considered a "Day Camper", where they are part of a cabin group throughout the day, but they stay in their parent's room at night. All teens (ages 14 - 16) stay in the cabins. Does your child have asthma or diabetes? __Asthma __Diabetes __ Neither

Is financial assistance requested? __ yes __ no

I give Mission Hospitals permission to run a background check on me, using the information above.
I have never been convicted of child abuse, neglect, or molestation.

Print Full Name: _____

Signature: _____ Date: _____