



**Mo-Ranch Summer Camp**  
Health Care Manager Application  
2229 FM 1340 † Hunt, Texas 78024  
(830) 238-4455 x273 † Fax (830) 238-4832  
hr@moranch.org † www.summercamp.moranch.org

***The mission of Presbyterian Mo-Ranch Assembly is to foster growth in God through Jesus Christ by sharing its unique living, learning, Christian environment.***

*Mo-Ranch Summer camp provides campers the opportunity to grow in their faith by experiencing the love of God through relationships grounded in Christian faith, living in a community, and playing and learning in our beautiful outdoor setting.*

Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

School Address  
(if applicable) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about Mo-Ranch Summer Camp?

## Education

School Attended	City/State	Major Subjects	Dates	Degree

Highest level completed by June 1, of this year? \_\_\_\_\_

Honors received (academic or other) \_\_\_\_\_

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### **Please answer the following questions. Use more paper if needed.**

1. Are you a(n) (please circle): STUDENT NURSE    LVN    RN  
OTHER (please specify) \_\_\_\_\_

2. List hospitals or medical facilities where you have worked or trained.

3. Name of the Nursing School you attended or currently attend:

4. Have you had any experience caring for children? If so, describe and list the name of the institution, age of the children, type of care, etc.

5. Have you had any experience in emergency care? If so, please describe this experience.

6. Have you ever worked at a camp facility as a nurse? If so, please describe this experience.

**Past Employment** Please begin with current or most recent employment  
Feel free to continue on another sheet or back of this form

Employer Name / Address	Job Title
_____	_____
_____	Dates of Employment
_____	_____
_____	Supervisor Name
_____	_____
_____	Supervisor Title
_____	_____
_____	Phone Number
_____	_____
Nature of Work	_____
Reason for leaving	_____

Employer Name / Address	Job Title
_____	_____
_____	Dates of Employment
_____	_____
_____	Supervisor Name
_____	_____
_____	Supervisor Title
_____	_____
_____	Phone Number
_____	_____
Nature of Work	_____
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_____	_____
_____	Dates of Employment
_____	_____
_____	Supervisor Name
_____	_____
_____	Supervisor Title
_____	_____
_____	Phone Number
_____	_____

Nature of Work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you are currently employed, may we contact your employer at this time for a reference?  Yes  No

### Camp Experience

Camp	Location	Year(s) attended	Camper or counselor

### Certifications

Please list any relevant certifications and expiration dates.

Certification	Certifying Body	Expiration Date

Please enter your license number, if you have one. Attach a copy of any relevant certifications.