

# Nurse Camp 2015

## General Information

Dear Prospective Nurse Camper,

Seattle Children's Hospital will be hosting Nurse Camp for the 13<sup>th</sup> time this summer. This year's camp will be held **June 23<sup>rd</sup> – June 25<sup>th</sup>** (3 consecutive days, Tuesday, Wednesday and Thursday) at Seattle Children's Hospital. The goal of this camp is to expose high school students in the Puget Sound area to the registered nurse role in various clinical settings, and to promote nursing as an attractive career, especially to students of color and those from low-income backgrounds. **There will not be any situations where students directly care for patients although you are provided opportunities to observe patient care.** In order to be eligible to apply for Nurse Camp, you must be entering your junior or senior year of high school in fall 2015. Admission priority will be given to students in the Puget Sound area who are from minority and/or low-income backgrounds; however, all students from the Puget Sound area will be considered.

During Nurse Camp, students will have observational (shadow) experiences in various hospital departments and they will learn about the impact of hospitalization on children and their families. We will host a lab where you can observe and practice various nursing skills. **You will not practice those skills in your job shadows although you will observe nurses using various skills as they provide patient care.**

The camp hours are from approximately 7:30am – 4:00pm each day. We will send a final schedule in early June. Participants are expected to attend all 3 days of Seattle Children's Nurse Camp. If your application is accepted, please ensure that your work and/or summer school activities will not conflict with the Nurse Camp schedule. We do not provide transportation to and from the hospital or offer housing accommodations. There is ample free parking at the hospital and the hospital is on a major bus line. Campers are expected to dress appropriately (no jeans, shorts, short skirts, open-toed shoes, tops with spaghetti straps, low necklines, etc.) and to conduct themselves professionally. This includes respecting the confidentiality of patient health care information (please refer to enclosed agreement).

The 2015 Nurse Camp Application, Confidentiality Acknowledgement Form, Photo Consent Form, and Recommendation Form are attached. **You will need to give/send the letter of recommendation form to your reference with enough time for them to complete and submit the form back to us electronically or mail to the required address no later than 5 pm on March 31, 2015.** You also will need to complete, sign and return all other forms electronically or to the address below by 5 pm on **March 31, 2015**. Space is limited. **The first 50 applications will be considered. Please be sure to fill out the forms entirely; incomplete applications and/or application materials received after the deadline will not be considered. There will be no exceptions.** A checklist is included as a guide to ensure that you submit all parts of the application. You will be notified of acceptance decisions by **May 1, 2015**. We will communicate via email so be sure to routinely check your email.

Thank you for your interest in Seattle Children's Nurse Camp! We look forward to receiving your application.

Sincerely,

Cat Kalepo  
Recruiting Specialist, Seattle Children's Hospital  
Mail Stop RC-403 PO Box 5371  
Seattle, WA 98145  
(206) 987-5875 or Fax: (206) 987-2620  
rnjobs@seattlechildrens.org

## Nurse Camp Application Checklist

Complete applications are required in order to be considered for camp. Please double check to be sure you include all required sections when you submit your application. **The following items are required:**

\_\_\_ Nurse Camp Application

\_\_\_ Confidentiality Acknowledgment Form (student signature and parent/guardian signature required if student is under 18 years of age)

\_\_\_ Photographic/Video Release Form (student signature and parent/guardian signature required if student is under 18 years of age)

\_\_\_ Essay Questions Response

\_\_\_ The Recommendation Form has been given to:

Name: \_\_\_\_\_

Please provide your reference's contact information in the event that we need to reach them:

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**The deadline for receipt of the completed application packet is 5 pm on March 31, 2015**

**The application can be sent electronically to:** email at [rjobs@seattlechildrens.org](mailto:rjobs@seattlechildrens.org) or fax to 206-987-2620

**The application can mailed to:** Cat Kalepo, Nursing Recruiting Team  
Seattle Children's Hospital, Mail Stop RC-403 PO Box 5371, Seattle, WA 98145

# Nurse Camp Application

**\*\*\*Deadline: March 31, 2015\*\*\***

## Applicant Information

All information will be used for Nurse Camp selection purposes only and will be kept confidential.  
(Please print clearly)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Nickname (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address **required**: \_\_\_\_\_

High School: \_\_\_\_\_ Entering Grade (Fall 2015) \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

How do you describe yourself? Select any that apply.

Black/African American

Asian/Pacific Islander

Native American/Alaskan Native

Native Hawaiian

Mexican American

Mainland Puerto Rican

Other Hispanic

White/Caucasian

Two or more races

Other: \_\_\_\_\_

Are you eligible for Free or Reduced-Price Meals at school?  Yes  No

What extracurricular activities or sports are you involved in?

Please list any jobs you have held, either paid or volunteer:

What is your current Grade Point Average (GPA)? \_\_\_\_\_

Do you have any medical conditions that we should know about? Please explain:

Have you been hospitalized overnight at Seattle Children's in the past 3 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have friends or relatives who work at Seattle Children's? YES \_\_\_ NO \_\_\_

If yes, name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I agree to hold harmless Seattle Children's Hospital, Children's University Medical Group, and their respective officers, directors and agents from any present and future liability and/or damages for injuries arising from or growing out of the nurse camp experience.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian Permission for Minors (for applicants under 18 years of age)

My child has permission to participate in Seattle Children's nurse camp experience. I understand the above statements and verify the information is accurate and complete.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Nurse Camp

### Confidentiality Acknowledgement

Seattle Children's Hospital has legal and ethical responsibilities to safeguard the privacy of patients and their families, and to protect the confidentiality of health information. Strong federal and state laws govern the privacy of our patients and their health information.

When you participate in a shadowing experience at Seattle Children's, you are involved in a special and complex health experience. You will be shadowing a health care professional in the health care facility. During this time, you may see patients and families with a variety of medical issues. You may also see and hear discussions involving confidential information that relates to patients and their families.

This confidentiality acknowledgement applies to all patient and family encounters, and includes all their personal and health information past, present and future.

As a condition of participating in this shadowing experience at Seattle Children's, I understand and agree that:

- I will maintain and safeguard the confidentiality of any and all patient information that I encounter.
- I will not access, use or disclose patient information except as part of this experience.
- My access to patient information may be monitored to assure compliance with Seattle Children's policies and procedures.

If I fail to comply with these commitments, or in the event of a breach of patient confidentiality, my shadowing experience will be terminated and permission to participate in future activities at Seattle Children's will be denied.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if applicant is under 18 years)

Printed Name: \_\_\_\_\_

## NON-PATIENT FORM

### PHOTOGRAPHIC / VIDEO IMAGE / AUDIO RECORDING RELEASE

I hereby give Seattle Children's ("Children's") and its affiliates the absolute and irrevocable right and permission to take, use, re-use, publish, and re-publish these photographic, video images and/or audio recordings of:

#### First and Last Name (one form per person):

\_\_\_\_\_

in whole or in part, individually or in conjunction with other photographs or recordings in any medium for publicity purposes, including without limitation, for purposes of illustration, promotion, advertising and trade.

I hereby release Children's and its affiliates from any and all claims and demands arising out of or in connection with the creation and use of these photographic images and/or video/audio recordings. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of the parties.

By signing this form, I acknowledge that I have read and agreed to its terms.

**Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18 years)

## Nurse Camp Essay Question

Submitted by: \_\_\_\_\_  
Name

**Please thoroughly respond to the two questions below. Please limit your response to one typed page per question (150 – 250 words).**

1. Why are you interested in nursing? Describe your talents, personality and the qualities you possess that would make nursing a good career choice for you.

**Please limit your response to one typed page per question (150 – 250 words).**

2. Describe a healthcare problem in the community that you either experienced or have heard about. Describe what strategies or approaches you feel could help to alleviate this problem?



**Nurse Camp Academic Recommendation Form (you need one)  
(Teacher, Counselor, or Academic Reference, not family member or friend)**

\_\_\_\_\_ is applying for the Seattle Children's Hospital Summer Nurse Camp on June 23-25, 2015 and has selected you as their reference. We are interested in your assessment of this student and appreciate you providing the requested information below. You may use the back of this page if you want to provide additional information.

On a 1-5 scale with 5 being the very top rating and 3 being average, please rate this student on the following qualities:

|  | Scale of 1-5 | Comments if desired |
|--|--------------|---------------------|
| Reliability                                |              |                     |
| Maturity                                   |              |                     |
| Communication Skills                       |              |                     |
| Ability to work with others                |              |                     |
| Interest in learning about nursing careers |              |                     |
| Motivation                                 |              |                     |

**Why** would you recommend that this student attend Seattle Children's annual Nurse Camp?

Other comments:

Recommendation provided by: \_\_\_\_\_  
Name

Relationship to student: \_\_\_\_\_

Contact Info: Phone \_\_\_\_\_ email \_\_\_\_\_

**Send the completed recommendation by mail, fax, or email (preferred). This recommendation must be received no later than 5 pm on March 31, 2015. Thanks so much.**

Cat Kalepo, Nursing Recruitment Specialist  
Seattle Children's Hospital, Mail Stop RC-403 PO Box 5371, Seattle, WA 98145  
Fax: 206-987-2620. Email: [rjobs@seattlechildrens.org](mailto:rjobs@seattlechildrens.org)  
Questions? Call 206-987-2112