

Nurse Camp 2015

General Information

Dear Prospective Nurse Camper,

Seattle Children's Hospital will be hosting Nurse Camp for the 13th time this summer. This year's camp will be held **June 23rd – June 25th** (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 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
Questions? Call 206-987-2112