

**Pennsylvania Lions Beacon Lodge Camp**

114 SR 103 South, Mount Union, PA 17066  
Email: [blcood@verizon.net](mailto:blcood@verizon.net)

Phone: (814) 542-2511 Fax: (814) 542-7437  
Website: [www.beaconlodge.com](http://www.beaconlodge.com)

**PLEASE PRINT OR TYPE  
License**

**PLEASE ATTACH RECENT PHOTO/Driver**

**NURSING STAFF APPLICATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address

\_\_\_\_\_  
(Street) (City & State) (Zip code)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

College /Nursing School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

Nursing License: \_\_\_\_\_ State of license \_\_\_\_\_

Sex: ( ) M ( ) F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Driver's License #: \_\_\_\_\_

What Position are you applying for?

\_\_\_ Full Time RN \_\_\_ Part Time RN \_\_\_ Residential RN

\_\_\_ Full Time LPN \_\_\_ Part Time LPN \_\_\_ Residential LPN

**EMPLOYEES WILL BE REQUIRED TO WORK WEEKENDS. IF NOT AVAILABLE  
FULL TIME, WHAT AND HOW MANY DAYS ARE YOU AVAILABLE TO WORK  
AND AT WHAT TIME:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously worked for Beacon Lodge Camp? If yes, what position:

\_\_\_\_\_  
If no, how did you become aware of the position?  
\_\_\_\_\_

Every day med passes are scheduled for 8 am, 12pm, 5pm,and 8pm.

Check all that apply. I have experience/certifications in the following areas:

- \_\_\_ Lifts/Transfers \_\_\_ Adult CPR \_\_\_ AED \_\_\_ Child/Infant CPR \_\_\_ First Aid \_\_\_ Heat Stroke
- \_\_\_ Snake Bites \_\_\_ Seizures \_\_\_ Epi-Pen \_\_\_ Choking Victim \_\_\_ Anaphylactic Shock
- \_\_\_ Dispensing Meds \_\_\_ Mental Retardation \_\_\_ Cerebral Palsy \_\_\_ Bathing
- \_\_\_ Feeding \_\_\_ Dressing \_\_\_ Infection Control \_\_\_ Body Audits
- \_\_\_ Passing Meds \_\_\_ Diabetes \_\_\_ Crisis Management

Do you have any pre-existing medical conditions that inhibit you from the necessary duties required of camp nursing personnel? (E.G. Bending, lifting, pushing wheelchairs, standing long periods of time, performing ADL's) \_\_\_\_\_ No; \_\_\_\_\_ Yes: Please indicate:

---

---

How do you become aware of the nursing position at Beacon Lodge?

---

LIST EMPLOYMENT OR OTHER EXPERIENCE THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE GIVE NAME & ADDRESS OF COMPANY, TYPE OF JOB, SUPERVISORS; NAME AND DATES EMPLOYED.

NAME/ ADDRESS:

---

SUPERVISOR:

---

TYPE OF JOB:

---

DATES EMPLOYED:

---

NAME/ADDRESS:

---

SUPERVISOR:

---

TYPE OF JOB:

---

DATES EMPLOYED:

---

**REFERNCE INFORMATION: NO RELATIVES PLEASE**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN INCLUDING FORMER EMPLOYEES AND THE REFERNCES LISTED BELOW AND RELEASE THE CAMP AND ALL OTHERS FROM LIABILITY IN CONNECTION WITH THE SAME. I UNDERSTAND THAT UNTRUE, MISLEADING, OR OMITTED INFORMATION HEREIN MAY RESULT IN DISMISSAL, REGARDLESS OF THE TIME OF DISCOVERY BY THE CAMP.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

RELATION TO APPLICANT:

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION TO APPLICANT:

\_\_\_\_\_