

# GLENDALE COMMUNITY COLLEGE

A Maricopa Community College



Please complete the following application and return it by mail to:

**Belinda Gardner RN**  
**Glendale Community College**  
**Nursing Department**  
**6000 W. Olive Ave.**  
**Glendale, AZ 85302**  
**623.845.3203**

*Applications must be postmarked by May 8, 2009 to be considered.*  
**NO LATE APPLICATIONS WILL BE ACCEPTED**

Camp participants will be selected based upon their high school status (including attendance), current immunizations, stated career goals, Teacher recommendation, parental signatures and availability of transportation.

## **PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS WITH APPLICATION**

Students will be notified of their selection, in writing no later than May 20, 2009.  
Tentative orientation date: Tuesday May 26, 2009 @ 6pm.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ T-Shirt size \_\_\_\_\_  
High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Name of parent(s) or legal guardian \_\_\_\_\_

**Student Agreement:** I understand that if I am accepted into GCC's Future Nurse Camp 2009 I will be participating in a variety of activities including CPR (college credits). It is expected that students will attend all eight days of camp and be willing to participate in all activities. It is also understood that students will adhere to all Hospital guidelines. Dress code guidelines and camp expectations will be provided prior to the first day of camp. Transportation to and from GCC is the student's responsibility.

Applicants Name (print) \_\_\_\_\_  
Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent Agreement:

I understand that if my daughter/son is accepted for GCC's Future Nurse Camp 2009 she/he is expected to attend and participate in all activities. Students will observe a variety of patient procedures. This may include various levels of nudity during the birth process, surgery and other hospital experiences. It is also understood that all guidelines *must be followed*. I grant permission for my child to be transported to and from local hospitals/facilities by GCC vans. I also grant permission for my child to be photographed for promotional use by GCC. **Any student that does not follow guidelines while at camp will be asked to leave.**

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

### **Please provide name(s) of individual(s) authorized to pick up your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Teacher Recommendation: Please ask one teacher who knows you to complete the following:**

I, \_\_\_\_\_ recommend \_\_\_\_\_  
as a participant in the Future Nurse Camp June 1 – 11, 2009 at Glendale College.

#### **Comments:**

please provide information about this student (GPA, attendance, professionalism, communication skills etc.)

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

