



CAMP PHYSICIAN'S PROGRAM APPLICATION

Young Life's Camp Physician Program operates in conjunction with the adult guest programs at our national camp properties. The physician and family are invited to participate in a week of camp to get a closer look at the Young Life ministry and the camping experience. The physician's services during the week allow Young Life an additional degree of professionalism in the medical services provided to campers. Physicians who provide medical care at Young Life camps are covered by Young Life's General Liability Insurance policy. The physician and family are guests of the camp for the week.

Date _____

Name _____ Spouse's Name _____

Home address _____

City _____ State/Province _____ Zip/Postal Code _____

Business address _____

City _____ State/Province _____ Zip/Postal Code _____

Home phone (____) _____ Business phone (____) _____

Fax No. (____) _____ E-mail address _____

Area of specialization _____

Please indicate below at what camp you would like to serve. Prioritize locations using "1" as your first choice, "2" for your second choice, etc.

- | | | |
|-------------------------------|--------------------------------|----------------------------------|
| _____ Castaway, Minnesota | _____ Malibu, British Columbia | _____ Timber Wolf Lake, Michigan |
| _____ Crooked Creek, Colorado | _____ Oakbridge, California | _____ Wildhorse Canyon, Oregon |
| _____ Frontier, Colorado | _____ Rockbridge, Virginia | _____ Windy Gap, North Carolina |
| _____ Lake Champion, New York | _____ Saranac, New York | _____ Woodleaf, California |

What week would you like to serve as a camp physician? _____
(1st choice) (2nd choice)

1. Please list the names and ages of your children who will be with you at camp. If you have high school aged children, indicate if they will be "campers" housed with an area.

<u>Name</u>	<u>Age</u>	<u>Camper?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Give a brief description of your medical career thus far. _____

3. In what states/provinces are you currently licensed? _____

4. Do you currently maintain Professional Liability Insurance, and if so, with whom (provide carrier name and policy) _____

5. Has your license ever been suspended or revoked? If yes, for what reason? _____

6. Have you ever had privileges suspended or revoked at hospitals where you have practiced medicine? _____

7. Please describe your involvement with Young Life. _____

8. How did you learn about the Young Life Physician's Program? _____

9. Have you served as a Young Life camp physician before? If so, where and when? _____

10. List any church and ministry involvement in which you are active. _____

REFERENCES

Professional Colleague

Name _____
 Address _____

 Phone (____) _____
 Email _____

Young Life Staff

Name _____
 Address _____

 Phone (____) _____
 Email _____



Camp Physician's Insurability Form
 (Attachment to Form 6011 - Camp Physician's Program Application)

EXPLANATION

The purpose of this form is to secure information that can attest to your insurability as it pertains to professional liability insurance coverage.

MEDICAL LICENSING

Please provide the following information for all of the states in which you practiced during the last 5 years:

State	License Number	Effective Date	Expiration Date	Active (Yes/No)

PROFESSIONAL LIABILITY COVERAGE

Please list your professional liability insurance coverage currently and for each of the last 5 years:

Insurance Co.	Limits of Liability	Effective Date	Expiration Date	Claims Made

RESUME

A copy of your resume is required to be on file with our office. Has a copy of your resume been submitted along with this form? Yes No

Reason for not submitting _____

SIGNATURE

Signature: _____

Date: _____

Printed Name: _____