



CRASH COURSE

CRASH Course Application

Please use ink or type application.

Name: _____ Goes By: _____

First

Middle

Last

Gender (please circle): Male Female

Please indicate grade completed by June: _____

CRASH Course - Nursing

CRASH Course - Medical

Date of birth: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

E-mail: _____

Parent/Guardian's name(s): _____

Phone where they can best be reached: _____

Emergency contact (other than parent or guardian)

Name: _____

Relationship: _____

Phone: _____

T-Shirt Size: _____ Pant Size: _____

Special Dietary Needs: _____

Name of school: _____

School address: _____

City: _____ State: _____ Zip: _____

School phone: _____

School fax: _____

Guidance counselor name and phone: _____



CRASH COURSE

Which of the phrases below best describes your racial/ethnic background?

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Mexican-American/Chicano |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Asian-American, Pacific Islander |
| <input type="checkbox"/> Puerto Rican, Cuban, other Hispanic origin | <input type="checkbox"/> I prefer not to respond |

How did you hear about CRASH Course? (check all that apply and please specify)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Friend/relative | <input type="checkbox"/> Poster/flyer |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Guidance counselor | <input type="checkbox"/> Other |

*On a separate sheet of paper, please explain, in 250 words or fewer, why you want to be a nurse or other health care provider, and why you want to attend CRASH Course camp.