

## SIGN UP NOW for RMC's NURSING Minicamp



***October 16 & 17, 2021***

Regional Medical Center (RMC) is excited to be able to offer a weekend nursing career minicamp, "Adventures in Nursing!" for students (ages 14-18; must have finished 8th grade) a unique opportunity to learn about the nursing career through interactive presentations and hands-on learning. Areas include interacting with a simulation manikin, reviewing Basic Life Support (BLS/CPR) and First Aid, learning how to take vital signs (blood pressure, temperature, heart rate), and much more!

The weekend program will be offered Saturday, October 16th and Sunday, October 17th, 9AM-2PM with snacks being served daily. Students should bring a sack lunch or money for meals in the cafeteria. Students MUST be available to meet both days for the entire time. Class size is limited. The cost is \$25 per student, payable on the first day of camp to RMC.

If the cost of camp would cause hardship, please check the box on the Application for Participation and tuition assistance information will be emailed to you.

***The following items should be completed and returned to RMC by Friday, October 1st.***

Items postmarked **after** Friday, October 1st will not be eligible for minicamp 2021.

- Application for Participation
- Letter of Recommendation Form
- RMC Marketing/Promotional Material Release Consent Form

**All items should be returned in a sealed envelope to the address and attention below.**

Regional Medical Center  
Attn: Nursing Administration  
709 West Main Street, PO Box 359  
Manchester, IA 52057

*Students will be notified via email on Tuesday, October 5th, 2021 with acceptance or declination of the camp.*

For more information to explore this opportunity, please contact Lynne Majetic at 563-927-7684 or [lynne.majetic@regmedctr.org](mailto:lynne.majetic@regmedctr.org).

**LETTER OF RECOMMENDATION**

*Please print legibly.*

Student Name (First & Last): \_\_\_\_\_

**Step 1:** We are curious why you are potentially interested in the career of nursing and how the Nurse Camp at Regional Medical Center can be a benefit to you. Please provide a detailed answer to the following question. You may type your answer on a separate sheet of paper if desired.

*Why are you interested in nursing? What is it about your life experiences, your talents, your personality that has potentially led you to this career path?*

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**Step 2:** Have a teacher, coach, guidance counselor, employer, volunteer, supervisor, or mentor (non-family adult) who knows your goal of potentially becoming a nurse complete the section below.

Please evaluate the teen on the following qualities.

Qualities	Exceptional	Above Average	Average	Below Average
Dependability				
Trustworthiness				
Acceptance of Others				

How are you associated with the student? \_\_\_\_\_

*Based on your association you have had with the student, please describe why this student should participate in Nurse Camp at Regional Medical Center.*

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Signature of Non-Family Adult

Date

Thank you for your assistance! If there is anything you wish to discuss about the Nurse Camp, please call or email Lynne Majetic at 563-927-7684 or [lynne.majetic@regmedctr.org](mailto:lynne.majetic@regmedctr.org).



## Marketing/Promotional Material Release Consent Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### **I hereby give my consent (by checking the boxes below):**

to be photographed, videotaped, voice recorded, and/or interviewed for use by Regional Medical Center (RMC) for any and all marketing purposes including, but not limited to, printed/promotional materials, Electronic marketing (e.g. social media, website), newspaper, and radio.

that my true name be associated commercially with said material.

(for testimonials only) for Regional Medical Center staff, specifically \_\_\_\_\_  
\_\_\_\_\_ may share general information regarding my endorsement.

*In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing and Administrative Manager at RMC.*

**I hereby give my consent:**

**for myself as an individual over 18 years-of-age**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**as a legal guardian, on behalf of minor under 18 years-of-age**

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to patient

Internal Use Only:

Scanned

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