



Team New York - Nurse Application 2018 USA Games * July 1-6, 2018 * Seattle, Washington

I acknowledge that I have read and agree to the Nurse Eligibility Requirements.

* **You must agree to be considered. These are found on www.nyso.org**

Yes No

** Indicates a **REQUIRED** field- Your application will not be considered if the application is not complete.*

PLEASE PRINT: all required

_____		_____		_____
First Name		Last Name		Age (If Under 21)
_____		_____	_____	_____
Street Address		City	State	Zip
() _____	() _____	_____	_____	_____
Day Phone	Evening Phone	Company/Organization/School		

E-mail * REQUIRED- _____

Training Club/ Region * _____

Experience:

Are you currently a licensed Nurse? * **You must have a license to be considered.** *

Yes
 No

Additional Details: _____

**Please return this application to: Special Olympics NY by August 30, 2017
To Stacy Eder: Seder@nyso.org**

Please provide a brief resume of your Nursing and SONY volunteer experience *

Please list any additional information such as medical certifications with dates that would make you an asset for Team NY at the 2018 USA Games

Please provide two references . *

Reference 1

Please provide name , relationship and phone number:

Reference 2

Please provide name , relationship and phone number:

Your application for the 2018 USA Summer Games will be reviewed and our selections will be announced by September 1st. In the meantime if you have any questions about the 2018 USA Games please visit www.specialolympicsusagames.org