



Volunteer/Staff Application – Children’s Bereavement Camp
May 18-19, 2019

MANDATORY TRAINING AND ORIENTATION FOR ALL VOLUNTEERS AND STAFF

Circle which one attending:

Friday May 3rd, 2019, 8:30am – 5pm

Saturday, May 4th 2019, 8:30am – 5pm

PLEASE PRINT

Date of Birth (mm/dd/yy) _____ **Title** (please circle one) Mr. Mrs. Ms. Miss Dr.
Full Name: _____ **Preferred First Name:** _____
Address: _____ **City:** _____
_____ **State:** _____ **Zip Code:** _____
Cell: _____ **Home:** _____ **Work:** _____
Email Address: _____
Occupation: (if retired, please list previous occupation) _____
Highest Level of Education: _____
Emergency Contact: _____ **Relationship:** _____ **Phone:** _____
T-Shirt size: _____

☐ I have enclosed a photo of myself with this application.

Area(s) of volunteer interest (please select all that apply):

Roles will be assigned by Bereavement Coordinator based on need and experience

- ☐ **Guide** (paired with child camper(s) for the duration of camp in a mentoring and supervisory capacity)
- ☐ **Side-kick** (provide support during camp: relieving Guides, helping keep campers where they need to be)
- ☐ **Group Facilitator** (leading group sessions, planning bereavement activities, games, and crafts)
- ☐ **Assistant Group Facilitator** (assists Group facilitator in leading group, planning crafts and activities)
- ☐ **Activity Leader/Supervisor** (non-bereavement crafts, free time activities, etc.)
- ☐ **Community Outreach/Administrative** (clerical, data entry, outreach, etc.)
- ☐ **Meal Help** (planning meals, picking up, serving, clean up, etc.)
- ☐ **Camper Registration, drop off & Pick up** (Pre- and Post- camper check in, registration, and camper pickup)
- ☐ **Groundskeeper** (trash pickup, keep grounds tidy, etc.)
- ☐ **Set up/Break Down** (setting up tables, chairs, putting facility equipment back)
- ☐ **Safety/Security** (Ensuring children stay on grounds, stay with their groups, etc.)
- ☐ **Other** (please indicate your area of interest) _____

About Me: (Information shared is not disclosed to anyone other than Camp Director or designee)

Why have you chosen to volunteer with Talbot Hospice Bereavement Camp? _____

Please describe any other volunteer experiences:

What personal characteristics will allow you to best carry out your role as a camp volunteer?

What are some of your personal hobbies or interests?

How do you handle stress?

Please share any personal losses that have influenced your reason for volunteering with the Camp:

Bereavement History *(Within last 2 years, or if relevant to your participation in this children's bereavement camp)*

Deceased Relationship to you: _____

Cause of death: _____

Date of death: _____

Age at time of death: _____

Your age at time of death (if relevant): _____

The death was: ☐ Sudden ☐ Rapid (within 6 months)

☐ Delayed (length of illness was 6 months or longer)

Deceased Relationship to you: _____

Cause of death: _____

Date of death: _____

Age at time of death: _____

Your age at time of death (if relevant): _____

The death was: ☐ Sudden ☐ Rapid (within 6 months)

☐ Delayed (length of illness was 6 months or longer)

Health Information *(the information provided will not exclude you from participating in Camp)*

Please list any health concerns that would limit your involvement with Camp:

Health Insurance Company _____

Policy Number _____

References: I understand that I will be required to provide two references from individuals who know me on a personal or professional basis.

☐ By checking this box, I am authorizing Talbot Hospice to contact my references.

Name: _____

Phone: _____

Email: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____

Relationship: _____

Please review and initial the attached agreements. Completion of all documents is required to volunteer with Camp and Talbot Hospice. If you are a first-time volunteer with the Camp, please attach a photo with your application. This photo will be used for internal purposes only.

_____ I, the undersigned, hereby release and hold harmless Talbot Hospice, its officers, employees, volunteers and supervisors from any and all liability damages, mishap or injury in the performance of any duties that I might perform. I assume all risks incident thereof with respect to myself.

_____ I irrevocably give, grant and convey to the Talbot Hospice, the absolute right and unrestricted permission to copyright and/or use and/or publish my name, my image or likeness on videotape and photographs taken of me while volunteering for the Children's Bereavement Camp.

_____ As a volunteer, I have been informed that confidentiality must be maintained regarding all confidential information relating to all children and families who participate in Camp. I understand any breach of confidentiality may result in my immediate dismissal as a volunteer.

_____ All volunteers who work in the Camp program and/or children's programs are required to have a background check conducted, as required by State and Federal regulations. Talbot Hospice reserves the right to conduct a drug screening and will assume the costs of both background check and the drug screening.

Print Name _____

Signature _____

Date _____