

Camp Good Grief

A Youth Bereavement Camp

**CAMP VOLUNTEER
APPLICATION PACKET**

A Service of

Hospice Care OptionsTM

“Caring People, Touching Lives”

General Information

NAME

DATE

MAILING ADDRESS

EMAIL ADDRESS

CITY

STATE

ZIP

PHONE NUMBERS (WORK, HOME, MOBILE)

DATE OF BIRTH

AGE

RACE

GENDER

RELIGIOUS PREFERENCE / SPIRITUAL BELIEF

Education

NAMES OF SCHOOLS ATTENDED:	YEARS ATTENDED:	DIPLOMA / DEGREE REVIEWED:

Employment

COMPANY NAME / POSITION HELD:	ADDRESS:	PHONE NUMBER:

Volunteer Experience

Please list other volunteer activities in which you have participated.

Discuss briefly why you would like to be a Camp Good Grief volunteer.

Youth Experience

Please list any experience you have working with children/young people.

Special Interests/Talents

Please list any special interests or talents you feel may contribute to Camp Good Grief.

References

Please list the name, address, and telephone number of two people we may contact as references.

NAME / RELATIONSHIP:	ADDRESS:	PHONE NUMBER:

All references will be held in confidence and thus not accessible to volunteer.

Bereavement History

Hospice case?	Relationship to deceased	Date of Death	Your age at time of death	Type of death (circle)	Cause of death	Onset (circle)
Yes/ No				A S H N O W		S K D
Yes/ No				A S H N O W		S K D
Yes/ No				A S H N O W		S K D
Yes/ No				A S H N O W		S K D

Type: A=Accident N=Natural H=Homicide
S=Suicide O=Other W=War

Onset: S=Sudden [within one week] D=Delayed
R=Rapid [within six months]

Do you have any health related problems or physical limitations? Yes No

If yes, please explain: _____

Will you be able to attend all three days of camp? Yes No

T-shirt size: Adult S M L XL 2XL 3XL

How did you hear about camp? School Church Counselor Newspaper Friend
Relative Other: _____

VOLUNTEER AGREEMENT

I understand that Hospice Care Options may examine my employment records, my background of psychological counseling, and any records of law enforcement that may have a direct bearing on my volunteer activities with youths, and that it may be used to determine my suitability for participation in the programs of the agency. I understand and agree that I am not obligated if called upon, to perform services of a Hospice Care Option volunteer, and that Hospice Care Options is not obligated to assign me to duty.

Applicant Initial _____

RELEASE OF LIABILITY

I hereby release Hospice Care Options, the HCO Board of Directors, and all personal working with Camp Good Grief from any and all liability for any accidents or illness that I may suffer as a result of participating in Camp Good Grief activities.

Applicant Initial _____

PUBLICITY PERMISSION

Occasionally, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Hospice Care Options. In addition, with Hospice Care Options staff permission and supervision, the news media may wish to photograph, video tape and interview Camp Good Grief participants. I relieve and hereby agree to hold the Hospice, its agents, and employees free and harmless from any and all liability arising out of the photography, filming, taping and/or interview. I understand that these will be carried out with my consent and I assume full responsibility.

Applicant Initial _____

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. **I understand that any information that is disclosed to me while assisting Hospice Care Options is confidential.** I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquires made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect that confidentiality of any client information I acquire in the course of my volunteer activities with Hospice.

Applicant Signature

Date