



Camp Jamie New Volunteer Application

Today's date _____

Date of camp: September 25, 2021

All information is strictly confidential

NAME _____

Address _____

County _____

How long have you lived at this address? _____

If less than a year, please give previous address

Home phone _____

Cell phone _____

Email _____

Birthdate _____ Age _____

Sex _____ Preferred pronouns _____

Ethnic background (Optional) _____

Education:

High school attended _____ Year completed _____

College attended _____ Year completed _____

Degree _____

Employment Current line of work _____

1. _____ Dates of employment _____

2. _____ Dates of employment _____

3. _____ Dates of employment _____

What position would you like to hold at Camp Jamie? Big buddy _____ Support staff _____

Big Buddy

You are paired with a camper (little buddy) that you will spend the entire day side by side with. You provide companionship, support, friendship, and individualized attention to your little buddy. We do our best to pair little and big buddies that we think are the best possible fit for each other.

Support Staff

You help bereavement counselors and staff set up and cleanup activities and crafts. You will provide any help or support to a big buddy, and act as an escort to big buddies and little buddies in certain situations. All support staff are in charge of one group activity so the big buddies get a break.

Specify the age range you are most comfortable working with _____

Are you comfortable working with any type of loss? _____yes _____no

Our campers have experienced a wide range of losses to include; suicide, homicide, accidents, overdose, illnesses. While we do our best to be sensitive to your level of comfort working with children of certain ages or grieving certain losses, we cannot always accommodate your preference.

List any type of loss you are uncomfortable with.

Please list any experience you have working with kids.

Do you have experience at any other children's camps? _____yes _____no

If yes, when & where?

Why do you wish to volunteer at Camp Jamie?

List three to five words to describe yourself:

List some activities/hobbies you enjoy:

What are your strengths?

Is there any other information you would like to share about yourself?

T-Shirt size (circle one) S M L XL 2XL 3XL

Health history

Person to notify in case of emergency _____

Relationship _____

Address _____

Cell phone _____ Other phone _____

Health History (please check all that apply)

____ Allergies ____ Emotional Problems ____ Wears contacts/glasses

____ Asthma ____ Hearing Impairment ____ Heart Disease

____ Seizures ____ Physical Limitations ____ Other

____ Diabetes ____ Motion sickness

Please explain any item checked. Include any other useful information regarding your health.

Are you currently under a physician's care for a medical problem? ____yes ____no

Are you restricted from participating in any physical activity? ____yes ____no

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Jamie activities.

Signature

Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should a medical emergency arise during my participation in Camp Jamie activity and I am unable to speak for myself, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Jamie Director and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature

Date

Preferred medical doctor/facility _____

Address _____

Telephone Number _____

Insurance Company _____

Policy Number _____

Policyholder's Name _____

CAMP JAMIE VOLUNTEER APPLICATION

STATEMENT OF CONFIDENTIALITY

I understand that information regarding Frederick Health Hospice patients, their families and/or significant others, and any persons receiving support or services in any capacity is privileged information for use by and with authorized persons only.

I will disclose such information only in the discharge of my assigned duties and responsibilities with Hospice or persons authorized to receive such information through the signed consent of patient, family member, or affected party.

I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure of control so that no information is accidentally observed or released to any unauthorized persons. I also understand that the casual sharing of patient care information in public places or settings is inappropriate.

I further understand and agree that any violation of this policy is of such critical offense that it will justify my immediate discharge.

Print Name _____

Signature _____

Date _____

CAMP JAMIE VOLUNTEER APPLICATION

VOLUNTEER RELEASE OF LIABILITY

I understand and agree that Frederick Health Hospice, Board of Directors, Employees and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the volunteer listed below attends Camp Jamie.

Signature of Volunteer

Date

VOLUNTEER PUBLICITY PERMISSION

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Frederick Health Hospice and its Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape and/or interview some of the volunteers and children attending camp. **Please sign below if you have no objections to being subject to this.**

Signature of Volunteer

Date

CONSENT FOR BACKGROUND CHECK

Due to the nature of services provided, background checks are required to be completed for all new volunteers, as well as every two years for all returning volunteers. Frederick Health Hospice utilizes HireRight to complete these background checks.

I agree to have a background check completed, and I understand that I will be receiving an email from HireRight with a link to enter my information and complete a background check, if I fall into one of the groups stated above.

Signature of Volunteer

Date

CAMP JAMIE VOLUNTEER APPLICATION REFERENCES

Please list the names, addresses and phone numbers of 3 references, 2 of which can be personal references, 1 being a present or former supervisor

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

In which capacity and how long have you known this person?

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

In which capacity and how long have you known this person?

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

In which capacity and how long have you known this person?
