Hospice Caring, Inc.
Holding Hands *and* Healing Hearts

Camp Caring 2016 Volunteer Application

Office use only

Date application received_____

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | www.HospiceCaring.org United Way #8365 | CFC #42512

CAMP CARING VOLUNTEER APPLICATION

CAMP CARING 2016

Dear Applicant,

Thank you for your interest in volunteering for Camp Caring on June 3, 4, & 5, 2016. Camp Caring will be located at the Claggett Center, 3035 Buckeystown Pike, Adamstown, MD 21710.

Please complete and return the enclosed packet as soon as possible.

The volunteer opportunities include:

- ☐ Big Buddy-Each Big Buddy is paired with a Little Buddy and acts as a mentor for the entire weekend throughout all activities.
- ☐ Floater-Floaters fill in if a Big Buddy needs to leave his/her Little Buddy for any reason. Floaters also facilitate the transitions between activities.
- ☐ Group Leader- Group Leaders will facilitate bereavement activities with groups of Little Buddies and their Big Buddies. We hope to find Group Leaders with experience specific to bereavement activities with children.
- ☐ R.N./Medic – We need a medical expert for any minor or emergency health issues throughout the weekend.

In accordance with Maryland State Law, anyone working with children must have a background check. Please sign the enclosed agreement form which gives Hospice Caring permission to seek a state-wide check of your name for any misdemeanors or felonies on record.

On Saturday, May 21, 2016, there will be a **one day training session.** The time of the training is 10:00 am to 4:00 pm. Training will be at the Hospice Caring Cottage, 518 S. Frederick Ave, Gaithersburg, MD 20877. All those involved in Camp Caring are **required** to attend this meeting. There are also reference forms that need to be completed by 3 people who would recommend you for this program.

You will receive an email once your application has been reviewed and your background check has been completed.

Thank you for your interest in camp this year. If you have any questions or concerns, please do not hesitate to call (301) 869-4673.

Most sincerely,

Marie Daly
Camp Caring Director
(301) 869-4673
maried@hospicecaring.org

CAMP CARING VOLUNTEER APPLICATION

BACKROUND CHECK FORM

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize Hospice Caring, Inc. or other authorized representatives of the organization bearing this release, or copy thereof, to obtain any information pertaining to criminal and/or civil court records. I hereby direct you to release such information to Hospice Caring, Inc. or other authorized representatives of the organization.

I hereby fully release and discharge Hospice Caring, Inc., their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for employment/volunteer purposes.

Name: _____
(First, Middle, Last — Print Clearly)

Current Address:_____

_____
(City) *(State)* *(Zip code)*

Date of Birth: _____ Social Security #:_____

_____
Signature Date

Email address:_____

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 |
www.HospiceCaring.org United Way #8365 | CFC #42512

CAMP CARING VOLUNTEER APPLICATION

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Name:_____Date:_____DOB:_____

Address:_____
City State Zip

Telephone:_____
Daytime Evening

Email address:_____

Other than English, what languages do you speak? _____

Race/Ethnicity:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Middle Eastern/Arab
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Multiracial

Highest level of education: ☐ High School ☐ Some College ☐ Undergraduate ☐ Post-Graduate

Focus of study (If above high school):_____

Employer	Primary Duties	Dates of Employment
Employer	Primary Duties	Dates of Employment

1. Have you volunteered at Camp Caring before? ☐ Yes ☐ No

2. If no, please explain why you wish to volunteer at Camp Caring.

_____

_____

_____

3. Please write about your previous experience working with children.

_____

_____

_____

4. Is there any other experience you would like to mention?

_____

_____

_____

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 |
www.HospiceCaring.org United Way #8365 | CFC #42512

CAMP CARING VOLUNTEER APPLICATION

For which volunteer position are you applying?
☐ Big Buddy ☐ Floater ☐ Group Leader ☐ R.N./Medic

Are you committed to stay the entire time, both day and night times? ☐ Yes ☐ No

With what age group of Little Buddies do you prefer to work? ☐ 8-10 years old ☐ 10-12 years old

T - Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Bereavement History ***This is especially helpful when matching Little Buddies and Big Buddies.***

RELATIONSHIP	DATE OF DEATH	YOUR AGE AT TIME OF DEATH	CAUSE OF DEATH

Health Information and History

Emergency contact:_____Relationship:_____

Address:_____

Daytime phone:_____ Evening phone:_____

Check those which apply:

☐ Allergies
☐ Emotional problems
☐ Heart disease
☐ Asthma
☐ Hearing impairment
☐ Seizures
☐ Physical limitations
☐ Diabetes
☐ Wear contacts/glasses
☐ Dietary needs
☐ Other: _____

Hospice Caring Non-Discrimination Policy Hospice Caring is committed to providing an environment that is free from discrimination in employment and opportunity because of race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, or age. Camp Caring is committed to providing an inclusive and welcoming environment for all members of its staff, volunteers, vendors, campers, and camper families.

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 |
www.HospiceCaring.org United Way #8365 | CFC #42512

CAMP CARING VOLUNTEER APPLICATION

1. Explain any checked items on previous page and provide any additional pertinent information concerning your health.

_____

_____

_____

2. Are you currently under a physician's care? ☐ Yes ☐ No

3. Are you restricted from participating in physical activity? ☐ Yes ☐ No
   If yes, please explain._____

I am unaware of any health reason, other than those indicated, that would preclude me from participating in any Camp Caring activity.

_____

Signature **Date**

AUTHORIZATION FOR MEDICAL TREATMENT

If a medical emergency occurs during my participation in Camp Caring, and I am unable to speak for myself, I consent to:

* The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or the First Responder chosen by the Camp Caring director.
* The immediate administration of life-sustaining measures deemed necessary under the circumstances.

_____

Signature **Date**

Preferred Physician:_____

Preferred Facility:_____

Address:_____

Phone:_____

Insurance Company: _____ Policy number:_____

Policyholder's name: _____Group number:_____

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 |
www.HospiceCaring.org United Way #8365 | CFC #42512

CAMP CARING VOLUNTEER APPLICATION

CAMP CARING STATEMENT OF CONFIDENTIALITY

I understand that my cell phone will not be in my possession while I am in the presence of my Little Buddy except in an emergency situation or during the evening hours when the Little Buddies are in their cabins. I agree not to take photographs during the camp experience.

I understand that information regarding Hospice Caring, Inc. and any persons receiving support or services, in any capacity, is privileged information.

I will disclose such information only in the performance of my assigned duties and responsibilities with Hospice Caring, Inc. or persons authorized to receive such information.

I will not disclose any information with unauthorized personnel. I also understand that the casual sharing of information in public places or settings is inappropriate.

I further understand and agree that any violation of this policy will justify my immediate discharge.

Signature **Date**

CAMP CARING RELEASE OF LIABILITY

I understand and agree that Hospice Caring, Inc., the Board of Directors, staff and volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while I attend Camp Caring.

Signature **Date**

VOLUNTEER PUBLICITY PERMISSION

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity for Hospice Caring, Inc. Personal comments and interviews may also be published by local media. I agree to being interviewed and having my comments and/or picture used for such purposes. I also agree not to take pictures in any manner at Camp Caring knowing that parents/guardians of our campers may not give permission to take photographs.

Signature **Date**

VOLUNTEER CONTACT RELASE FOR DIRECTORY

The Camp Caring staff would like to provide the Little Buddies with a directory to contact the new friends they make during their camp experience. Hospice Caring, Inc. will not release the contact information with anyone besides those involved in Camp Caring 2016.

☐ I give permission for Hospice Caring, Inc. to include my contact information for the Camp Caring 2016 directory.

☐ I do not give permission for Hospice Caring, Inc. to include my contact information for the Camp Caring 2016 directory.

Signature **Date**

Hospice Caring, Inc., 518 South Frederick Avenue, Gaithersburg, MD 20877-2325 Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 |
www.HospiceCaring.org United Way #8365 | CFC #42512