

CAMP CARING VOLUNTEER APPLICATION REFERENCE FORM

*New volunteers are required to submit THREE reference forms.
Returning volunteers must submit ONE reference form.*

NAME OF VOLUNTEER

Has applied to Hospice Caring to serve as a volunteer at our children's bereavement camp, Camp Caring. (Applicants-please check the appropriate box.)

- ☐ 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

Please place a check in the appropriate column.

VOLUNTEER QUALITIES	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNKNOWN
WARM/FRIENDLY				
NON-JUDGMENTAL				
COMPASSIONATE				
RELIABLE				
SENSE OF HUMOR				
RESPECTFUL OF CONFIDENCE				
OPTIMISTIC				
LEVEL-HEADED IN TIMES OF CRISIS				
ABLE TO SET LIMITS				
WILLING TO LISTEN				
HONEST				
ABLE TO INTERACT WITH CHILDREN				

If this applicant receives the proper training and supervision, would you recommend him/her to be a "Big Buddy" at Camp Caring? ☐ Yes ☐ No

Thank you for your time. Please turn in the completed form to:
Hospice Caring, Inc., 518 S. Frederick Ave., Gaithersburg, MD 20877
Fax: (301) 990-4909

Email: maried@hospicecaring.org

If you have any questions, please call (301) 990-8904

Print Name of Person Completing Form Relationship to Volunteer

Address Telephone
Signature _____ Date _____