



Volunteer Application

**Please Note: Camp will take place on Saturday, August 18-
Monday, August 20. Attendance at our volunteer orientation on
Saturday August, 4 is mandatory!**

Date of Birth (mm/dd/yy):		Title (please circle one): Mr. Mrs. Ms. Miss Dr.		
Full Name:		Preferred First Name:		
Address:		City:		Zip:
		State:		
Phone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone 2: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
E-mail address:				
Occupation (if retired, please list previous occupation):				
Highest Level of Education:				
Emergency Contact:		Relationship:		Phone:
T-shirt size:		<input type="checkbox"/> First time volunteer <input type="checkbox"/> Returning volunteer		
<input type="checkbox"/> I have enclosed a photo of myself with this application				
Area(s) of volunteer interest (please select all that apply):				
<input type="checkbox"/> Buddy (paired with a child camper for the duration of camp in a mentoring capacity)				
<input type="checkbox"/> Beacon (provide support during camp: relieving Buddies, facilitating and supervising activities)				
<input type="checkbox"/> Group Facilitator (leading group sessions, planning bereavement activities)				
<input type="checkbox"/> Activities Facilitator (planning and facilitating games for groups, coordinating arts and crafts)				
<input type="checkbox"/> Community Outreach/Administrative/Fundraising (clerical, data entry, outreach, fundraising, etc.)				
<input type="checkbox"/> Other (please indicate your area of interest):				
<i>If you are under 18 years of age, and interested in our Peers as Leaders or Campateer volunteer program, please contact our office for an application.</i>				
About Me: Information provided below will be compiled to share with other volunteers.				
Why have you chosen to volunteer with Compass Regional Hospice's Camp New Dawn?				
Please describe any other volunteer experiences:				
What personal characteristics will allow you to best carry out your role as a 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 Camp New Dawn:

Bereavement History *(please complete even if you have done so before)*

Deceased Relationship to you:	Cause of death:
	Date of death:
Age at time of death:	Your age at time of death:

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:

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 New Dawn)*

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

Health Insurance Company:	Policy Number:
---------------------------	----------------

Buddy Preference *(please complete if you selected **Buddy** above, by circling all that apply)*

Age of Camper	7-10 years old	11-13 years old	14-17 years old	No preference
Sex of Camper	Male	Female	No preference	
Loss Experienced	Sibling	Parent	Grandparent	No preference

References: I understand that I will be required to provide two reference forms to individuals who know me on a personal or professional basis. By checking this box, I am authorizing CRH to contact my references *(first time volunteers only)*

Name: Email:	Phone: Relationship:
Name: Email:	Phone: Relationship:
Name: Email:	Phone: Relationship:

I will be able to attend Camp New Dawn:

The duration of camp, including overnight
(Cabin assignments are given first to campers and Buddies; Support Staff and Facilitators will be notified if overnight accommodations are not available)

The duration of camp, but not overnight

Saturday only

Sunday only

Monday only

Training Dates and Times

Please select one of the training days and times below. Training for NEW VOLUNTEERS is mandatory, and failure to attend one of the training times will prevent you from participating in Camp New Dawn for the 2018 season.

Wednesday, June 20 6-9 p.m.

Tuesday, July 10 6-9 p.m.

Monday, July 30 6-9 p.m.

All volunteers are required to attend orientation on Saturday, August 4 from 8:30 a.m. to 1 p.m.

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

___ I, the undersigned, hereby release and hold harmless Compass Regional 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 Compass Regional 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 Camp New Dawn.

___ 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 New Dawn. I understand any breach of confidentiality may result in my immediate dismissal as a volunteer.

___ All volunteers who work in the CND program and/or children's programs are required to have a background check conducted. Compass Regional Hospice reserves the right to conduct a drug screening and will assume the costs of both the background check and the drug screening.

Print Name:

Signature:	Date:
-------------------	--------------

APPLICATION DEADLINE: July 30st, 2017

All interested volunteers must have a completed volunteer application turned in to Compass Regional Hospice by the date posted. Applications received after the posted date are not guaranteed a volunteer role, or a preferred volunteer position with Camp New Dawn.



**160 Coursevall Drive, Centreville, MD 21617
 (p) 443-262-4100 (f) 443-262-4148**