

VOLUNTEER APPLICATION

AUGUST 8-10, 2026



GENERAL INFORMATION

Name : _____ Preferred Name/Nickname: _____

Address : _____ City : _____ State : ____ Zip : _____

Phone : _____ Secondary Phone: _____

Email : _____ T-Shirt Size: _____

HEALTH :

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

Health Insurance Company : _____ Policy Number : _____

VOLUNTEER INTERESTS:

_____ Buddy: Paired with a camper for the duration of camp in a mentoring capacity. Circle all that apply:
no preference age 7-10 age 11-13 age 14-17 male female

_____ Beacon: Provide support during camp, giving buddies a break, facilitating and supervising activities

_____ Group Facilitator: Lead group sessions, plan bereavement activities

_____ Activities Facilitator: Plan and facilitate games for groups, coordinate arts and crafts

_____ Community Outreach/Administrative/Fundraising: clerical, data entry, outreach, fundraising, etc.

_____ Other: Please indicate your area of interest:

Why have you chosen to volunteer with Compass Regional Hospice's Camp New Dawn?

Please share any personal losses that have influenced your reason for volunteering at Camp New Dawn? (How were they related to you? How old were you? Date of death? Cause? Sudden?) _____

Do you have any training that you think could benefit any areas of camp? _____

Do you currently volunteer anywhere else? _____

What are some of your personal hobbies or interests? _____

FOR MORE INFORMATION

Rhonda Knotts ✨ 443-262-4109 ✨ Fax: 410-758-2185

rknotts@compassregionalhospice.org ✨ 160 Coursevall Dr. Centreville, MD 21617

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ADDITIONAL INFORMATION

First Time Volunteers Only: Please provide 2 personal or professional references that you authorize us to contact _____

Phone Number _____ Email: _____

Name/Relationship _____

Phone Number : _____ Email: _____

I will be able to attend Camp New Dawn:

_____ The duration of camp, including overnight (cabin assignments go to campers and buddies first. 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

_____ Specific Availability _____

TRAINING DATES & 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 2026 All volunteers are also required to attend orientation on Saturday July 25th in the Fellowship Hall at Centreville Methodist Church.

_____ 6/25/2026- 6:00-8:00 at the Barnette Center, 255 Comet Drive, Centreville

_____ 7/08/2026 6:00-8:00 at the Barnette Center, 255 Comet Drive, Centreville

MANDATORY ORIENTATION FOR ALL VOLUNTEERS: SATURDAY, 7/25 FROM 8:00-11:30

I, the undersigned, hereby release and hold harmless Compass Regional Hospice, it's 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 that 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.

To ensure the safety of all participants and to comply with liability guidelines, only children who are officially registered for Grief Camp are permitted on campus during camp hours.

Volunteers are kindly asked not to bring their own children or additional minors to the campus unless they are registered campers. This policy helps us maintain proper supervision, security, and care for the children participating in the program.

We appreciate your understanding and cooperation as we work together to create a safe and supportive environment for every child attending Grief Camp.

I, the undersigned, have read and understand the agreement and its terms:

Printed Name : _____

Signature: _____ Date : _____

Signature of Parent(if under 18) _____ Date : _____

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