

## 2022 Volunteer Application August 13-15,2022

GENE	RAL INFORM	IATION:				
Name: _		P	referred Nam	ne/Nickname		
Address	·		Cit	:y:	State:	Zip:
Phone:_		Secon	ndary Phone:			_
Email:						
Emerger Programmer	ncy Contact Nam	e:		Re	latonship:	
Phone:_		Secor	ndary Phone:			_
HEAL1	гн:					
	st any health con wn:			•		ment with Camp
Health I	nsurance Compa				sy Numbe	r·
	NTEER INTE  Buddy: Paired with  no preference  Beacon: Provide sup  Group Facilitator: Le  Activities Facilitator  Community Outread  Other: Please indication	a camper for the age 7-10 age 7-10 pport during cate and group sessions: Plan and facil ach/Administrate ate your area of	age 11-13 amp, giving budd ons, plan bereav itate games for g ive/Fundraising: f interest:	age 14-17 ies a break, facili ement activities groups, coordina clerical, data en	male itating and su te arts and c try, outreach	female upervising activities rafts
Please sha	re any personal losses	s that have influ	uenced your reas	son for voluntee	ring at Camp	
	ve any training that yo					

What are some of your personal hobbies or interests? \_



## PREREQUISITES:

First Time Volunteers Only: Ple	ease provide 2 personal or pro	fessional references that you authorize us
to contact:		
Name/Relationship:		
Phone Number:		
Name/Relationship:		
Phone Number:	— Email: ———	
I will be able to attend Camp N		
	rill be notified if overnight acco but not overnight	ignments go to campers and buddies first. ommodations are not available.)  ——— Monday Only
<b>TRAINING DATES &amp;</b>	TIMES:	
and failure to attend one of the	e training times will prevent you equired to attend orientation <b>S</b> hurch. 22 - 4:00-6:00 pm	ing for NEW VOLUNTEERS is mandatory, bu from participating in Camp New Dawn Saturday, July 30th from 8:00am-11:00am
Please review and initial each I I, the undersigned, her	ine in agreement: eby release and hold harmless	NIFICATION AGREEMENT:  S Compass Regional Hospice, it's officers, lity damages, mishap or injury in the per-
formance of any duties that I m I irrevocably give, gran unrestricted permission to cop eotape and photographs taken	night perform. I assume all risk t and convey to the Compass yright and/or use and/or publi of me while volunteering for 0	s incident thereof with respect to myself. Regional Hospice, the absolute right and ish my name, my image or likeness on vid-
fidential information relating to stand any breach of confidentia	o all children and families who ality may result in my immedia	participate in Camp New Dawn. I under-
background check conducted. ing and will assume the costs of I, the undersigned, have read a	Compass regional Hospice res of both the background check and understand the agreement	serves the right to conduct a drug screenand the drug screening.
Printed Name:		Data
Signature of Parent (if under 19		Date: Date:
Signature of Parent (if under 18	0)	Date:

FOR MORE INFORMATION

Application Deadline: July 15, 2022. All interested volunteers must have a completed volunteer application turned into 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.