



CAMP I BELIEVE: VOLUNTEER APPLICATION
Blue Springs Baptist Conference Center
Marianna, FL
Friday, August 25th-Sunday, August 27th, 2017

Camp I Believe, a program funded by the Kindred Gentiva Hospice Foundation, is a children's bereavement camp that aims to provide support and education to children/ teens that have experienced the death of a loved one. Camp activities and programs help campers to express feelings, build confidence, foster a sense of community, and identify with other children/ teens that are experiencing similar struggles related to grief. All activities, whether directly or indirectly, help campers to establish a sense of community and provide teambuilding opportunities; activities place an emphasis on personal growth through creative expression and through establishing relationships with peers.

NAME

Last	First	Middle	"Nickname"
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ADDRESS

Street	City	State	Zip
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CONTACT INFORMATION

Home Phone	Cell Phone	Email Address
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DEMOGRAPHIC INFORMATION

Age	Gender	Occupation
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ADULT T-SHIRT SIZE S M L XL XXL XXXL

*If larger shirt required, please specify: _____

DO YOU HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES?

PROFESSIONAL & PERSONAL EXPERIENCE

1. Please tell us about any experience you have had working with children.

2. Why are you interested in a volunteer experience with Camp I Believe? (Have you ever volunteered at a Camp I Believe program in the past?)

3. What strengths & talents would you bring as a volunteer?

4. Any medical conditions which limit your participation in strenuous, stressful or outdoor activities? If so, please explain.

5. Have you had any professional experience working with death, dying and bereavement?

6. What is your area(s) of interest? (Identify your 1st, 2nd and 3rd choices):

	Camp Nurse: Must be licensed in the State where camp is located
	Camp Photographer: Only one photographer per camp is required <u>and</u> needed
	Grief Group Facilitator: Must possess a Masters degree in Social Work, Counseling, etc <u>or</u> be employed as a Social Work/ Social Services Coordinator, Spiritual or Bereavement Coordinator within Kindred Hospice
	Cabin Leader: Work with a co-leader to supervise and maintain safety of assigned campers, bring campers to activities, and stay overnight in cabins
	Logistics & Runner: Help to ensure flow of camp programming and maintain schedule; assist with set-up and take down of camp events/ activities
	Activities & Programming: Assist with camp-wide activities such as the memorial service, Camp I Believe Olympics, etc.
	Other:

7. Please provide us with two references (personal or professional).

NAME	RELATIONSHIP	CONTACT INFORMATION

Bereavement History

Please complete the Bereavement History Section below for significant deaths that you have experienced. This information is helpful in providing an appropriate role for our camp volunteers.

How was the person who died related to you?
(mother, father, brother, spouse, child, aunt, etc)

Year of
Death

Your age at the
time of death

Cause
of death

UNDERSTANDING/ ACKNOWLEDGEMENTS

The success of Camp I Believe is based largely in part on the enthusiasm and dedication of our Volunteers. Therefore, it is essential that Camp I Believe Volunteers understand and acknowledge the following:

1. Volunteers must be at least 18 years of age
2. Volunteers must complete the **Volunteer Application**
3. Volunteers must undergo a criminal background check, in addition to any state-specific requirements (i.e. finger printing, etc)
4. Volunteer must provide two references (personal or professional) for a reference check
5. Volunteers must attend a **required** Camp I Believe training that provides an overview to the camp process and education regarding the needs of grieving children/ teens
6. Volunteers must complete **Darkness to Light** training (an online training that raises awareness of the prevalence and consequences of child sexual abuse by educating adults about the steps they can take to prevent, recognize and react responsibly to the reality of child sexual abuse
7. Volunteers must be available the entire day/ weekend of camp
8. Volunteers must be willing and able to participate in all Camp I Believe activities

CONSENTS

I give my permission to be photographed during Camp I Believe. I understand that the photographs will remain property of Kindred Healthcare and may be used for publicity of Camp I Believe, including, but not limited to future camp brochures, newsletters, social media and presentations released by Kindred Healthcare, Inc. and Kindred Gentiva Hospice Foundation.

I expressly assume any and all risks of injury or death arising from or relating to my participation in activities at Camp I Believe and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Kindred Healthcare, Inc., its corporate affiliates, contractors, vendors, officer, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any Camp I Believe activities.

By completing this application, I agree to a criminal background check, identify verification utilizing my social security number, and personal reference checks. I acknowledge having read and understood the basic requirements for being a Camp I Believe volunteer. Further, I acknowledge that the information and statements used on this application are true and correct.

Signature

Printed Name

Date

STATEMENT OF CONFIDENTIALITY

I understand that information regarding Camp I Believe campers, their families, staff and any persons receiving support or services in any capacity is privileged information for use by and with authorized person(s) only.

I will disclose such information only in the discharge of my assigned duties and responsibilities with Camp I Believe or person(s) authorized to receive such information through the signed consent or patient, family member or affected party.

I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure of control so that no information is accidentally observed or released to any unauthorized person(s).

I also understand that the casual sharing of camper/camper families/staff information in public places or settings is inappropriate.

I have read and understood the preceding statement on confidentiality and agree to abide by it.

Print Name

Signature

Date

Please return your completed Volunteer Application to:

Camp I Believe
Attn: Margo Lamb
4374 Lafayette Street
Marianna, FL 32446
(P): 850-526-3577
(F): 850-526-3578

