

VOLUNTEER APPLICATION
Camp Dragonfly September 9, 2023
Application Deadline: July 1, 2023

Name _____

Home Phone # _____

Address _____

Cell Phone # _____

Email _____

Please check one: I would like to receive further camp information by: regular mail Email address

Age: ___18-25 ___26-35 ___36-45 ___46-55 ___56-65 ___over 65 Sex: M F

T-shirt size: Small Medium Large XL 2X 3X (if available)

Place of employment/occupation _____

If a student, College/University _____ Major _____

(Please include change of address along with the effective date if address will change before camp.)

Have you volunteered at Camp Dragonfly before? Yes No

(If yes, you may skip the next four *questions unless there is current information to share.)

*How did you hear about Camp Dragonfly? _____

*Why do you want to volunteer at Camp Dragonfly? _____

*Describe any previous volunteer experience or experience working with children _____

*Please share any personal experiences with grief _____

List 2 emergency contacts:

1. Name: _____ Relationship: _____ Home # _____ Cell # _____

2. Name: _____ Relationship: _____ Home # _____ Cell # _____

Please list any pertinent medical history or medical conditions: _____

Allergies: _____

Medications / Reason for Taking: _____

Dietary Requests: Camp Dragonfly will try to meet special dietary requests if given advance notice.

Please check if you prefer: Vegetarian Meals Gluten Free Meals Other _____

VOLUNTEER ASSIGNMENT: Please read carefully and show your 1st & 2nd choice of volunteer assignment(s).

_____ **CAMPER BUDDY** - Camper Buddies are expected to stay at camp for the entire program. Camper Buddies assist in supervising and providing emotional support to a specific age group of campers and take part in all camper activities. Camper Buddies need to be physically able to walk throughout the camp and keep with the pace of their group.

_____ **MEALS/SNACKS** - Volunteers will receive instruction and help with food set-up, serving, and clean-up. Volunteers can enjoy camp activities or help in other areas when not needed for meals/snacks.

_____ **ARTS/CRAFTS** - Volunteer will receive instruction from Arts/Crafts Coordinator and help with various arts and crafts as well as clean up. Wear clothes that won't be ruined by accidents with paint, glue, etc.

_____ **GOPHER** - A little bit of everything or anything that needs to be done!

_____ **CAMP NURSE** - Administer campers' medications and provide First Aid for minor scrapes/injuries.

Please check all that apply:

_____ I will help with camp set-up during the day on Friday (unload truck; organize supplies, set up tables, etc.)

_____ I will stay after the closing activity on Saturday evening and help with camp clean up and loading supplies.

CONFIDENTIALITY AGREEMENT

Camp Dragonfly volunteers will often be observers and recipients of confidential information concerning participants and their families. It may be a fact, series of facts, or a situation in the participant's life that is heard or observed, with the implicit understanding that this information be preserved as a sacred trust.

Confidentiality is the preservation of information concerning participants and others that is disclosed to the volunteer. Confidentiality is based upon the basic right of privacy of participants: it is the ethical obligation of the volunteer and is necessary to create effective trust. The participant's right, however, is not absolute; as the participant's information may be shared during orientation with other volunteers, the obligation would then bind all equally.

When participants come to Camp Dragonfly, they will realize in some way the necessity of revealing pertinent facts about themselves and their situation. This may include innermost feelings that they want no one outside of the group to know. It may include facts about things that are upsetting in their home, and they specifically are not ready to share with other members in their household.

Information is to be preserved in confidence with the following exceptions:

- When, in the opinion of the volunteer, harm to self and/or to others is evident.
- When there is any suspected physical, sexual, emotional abuse or neglect of a child.

Volunteers need to disclose such information to camp director.

My signature verifies that all information provided is correct and I have read and do agree to abide by the guidelines stated in the confidentiality agreement.

Signature

Date

CAMP DRAGONFLY - Reference Form

Augusta Health Hospice of the Shenandoah
P.O. Box 215 Fishersville, VA 22939
(540) 332-4909 or 932-4909

Camp Dragonfly is a weekend camp for children and teens that are grieving the death of a loved one. The person listed below is interested in being a camp volunteer. Please provide us with the following information that will be helpful in finding a suitable volunteer assignment.

Volunteer's Name: _____

How long have you known this person? _____ In what capacity? _____

Do you consider this person responsible, dependable, and trustworthy? _____

Do you feel this person will work well with other camp volunteers to ensure a safe, nurturing environment for the campers? _____

Do you feel this person will be a positive role model and will display behavior that is appropriate around children and teens? _____

Do you recommend that this person be considered for volunteering at Camp Dragonfly? _____

Any additional comments: _____

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Address: _____

Email: _____

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