VOLUNTEER APPLICATION

Camp Dragonfly August 28, 2027

Application Deadline: July 1, 2027

Name_____ Home Phone #_____

Address 1_____ Cell Phone #_____

Address 2 _____ Email_____

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

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

Place of employment/occupation_____

If a student, College/University_____ Major_____

Have you volunteered at Camp Dragonfly before? ☐ Yes ☐ No

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 Restrictions: _____

_____

VOLUNTEER ASSIGNMENTS: Please indicate your 1st & 2nd choice of volunteer assignment(s).

_____**KITCHEN:** Transport and set up meals, assist campers during mealtimes, distribute snacks and beverages, and clean up after meals and snacks.
_____ **ARTS/CRAFTS:** Assist with activity set-up, support campers during activities, and help with clean-up.
_____ **CAMPER BUDDY:** Support several campers throughout the day under the guidance of a group leader, providing emotional support and responding to campers' needs.
_____ **CAMP NURSE:** Maintain confidential medical records, manage camper medications, provide basic first aid, and respond to medical needs and emergencies.
_____**OTHER:** _____

Additional Support Needed:
_____I will help with camp set-up during the day on Friday
_____I will stay after the closing ceremony on Sunday and help with camp clean up.

Camp Dragonfly Volunteer Confidentiality Policy

Purpose of Confidentiality: Camp Dragonfly volunteers may become aware of confidential information about campers and their families through conversations, observations, or situations that arise during camp. This information may include personal experiences, family circumstances, emotions, or other sensitive matters shared with the expectation of privacy. Confidentiality is the responsibility of every volunteer. Respecting each camper's right to privacy is an ethical obligation and an essential part of creating a safe, supportive, and trusting camp environment.

Respecting Privacy: Campers may share personal feelings, experiences, or concerns that they are not comfortable discussing with others, including members of their own household. Volunteers must respect each camper's privacy and refrain from discussing identifying or personal information outside of appropriate camp-related circumstances. Information shared during volunteer orientation or with other volunteers as necessary for camp-related purposes must be treated with the same level of confidentiality. All volunteers are equally responsible for protecting the privacy of campers and their families.

Exceptions to Confidentiality: Confidentiality must be maintained except when there is a concern for safety or a legal or ethical obligation to report information. Exceptions include, but are not limited to:

- **Risk of harm:** When a camper or another person may be at risk of harm to themselves or others.
- **Suspected abuse or neglect:** When there is reasonable suspicion of physical, sexual, or emotional abuse or neglect of a child.

In these circumstances, volunteers must promptly share the information with the Camp Dragonfly Director so that appropriate steps can be taken to protect the camper and others. Volunteers should not promise absolute confidentiality or attempt to investigate suspected abuse or neglect themselves.

When possible, information should be shared only with those who need to know to address the concern and ensure safety. By volunteering with Camp Dragonfly, each volunteer agrees to respect the privacy and dignity of all campers and their families and to uphold this confidentiality policy. My signature verifies that all information provided is accurate and I have read and do agree to abide by the guidelines stated in the confidentiality agreement.

Signature _____ Date_____

Camp Dragonfly requires volunteers to respect our TOBACCO FREE & SOCIAL MEDIA FREE environment!

All volunteers must complete a Criminal Background Check and Child Protective Services screening at no cost through Augusta Health Human Resources. Please provide the required demographic information so Human Resources can prepare the forms for review and signature at camp orientation.

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Race:_____ Sex: _____ Date of Birth: _____

First year volunteers are also required to have **two recommendations** (no family members or relatives).
Please have the enclosed reference forms completed and return them with your application

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 day 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 determining an appropriate volunteer assignment.

Volunteer's Name: _____

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

_____

Do you consider this person responsible, reliable, 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 1: _____ Email: _____

Address 2: _____

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 day 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 determining an appropriate volunteer assignment.

Volunteer's Name: _____

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

_____

Do you consider this person responsible, reliable, 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 1: _____ Email: _____

Address 2: _____