Dear Camp Jamie Volunteer,

Thank you for your interest in Camp Jamie. Camp Jamie 2013 will be held on May 17, 18, and 19. Camp will be held at Skycroft Conference Center, Middletown, Maryland.

Please download and complete the Volunteer Application and mail it to Hospice of Frederick County, P.O. Box 1799, Frederick, MD 21702, as soon as possible. To be considered as a volunteer for this year’s camp, your application must be received by Friday, April 19, 2013. Sorry, but no exceptions can be made.

While we want to give new volunteers a chance to volunteer, we will also be choosing volunteers with Camp Jamie experience to keep the balance. We will be choosing the number of volunteers needed based on the number of campers selected. Male campers will be given a male volunteer, and female campers will be given a female volunteer. We will be serving a maximum of twenty-five children at camp this year, needing 25 “Big Buddy” volunteers and approximately 8-12 support staff volunteers.

If you have never volunteered at Camp Jamie in the past, we ask that you attend the first training session, which will be held on Monday, April 29, 2013 from 6:00-8:30 PM. It is not until after the first training session that we will be choosing the volunteers for camp. We will choose new volunteers from the training and veteran volunteers from the applications on hand. We will notify everyone as soon as possible. We will then ask all chosen volunteers to return for the final training session held on Tuesday, May 14, 2013 from 6:00-7:30 PM.

It is often that we have many very good applicants, but because we only need a specific number of volunteers each year, many volunteers are not chosen. Please know that if you are not asked to attend Camp Jamie, it is because you have not met the criteria, or (most likely) because we have more volunteers interested than we have spaces open. If we are unable to use your services at camp this year, please apply again next year. We would love to have you join us for a camp in the future.

Volunteers will need to be available from approximately 4:00 PM on the Friday of the camp weekend until 2:00 PM on Sunday. Camp Jamie volunteers will also be required to attend training sessions held prior to camp.

Volunteers will be chosen for the role of a “Big Buddy” or as Support Staff (see job descriptions). Please be sure to include any areas of special interest or any special talents that you feel may contribute to Camp Jamie.

Thank you for your support in helping to make Camp Jamie a rewarding experience for the children of Frederick County.

Sincerely,

Linda Kinna-Engel
Bereavement Coordinator

Denise Watterson
Bereavement Coordinator
Big Buddy Description:
The Big Buddy is responsible for providing one-on-one support and guidance to his/her Little Buddy, as requested by the Camp Jamie committee. The Big Buddy is expected to participate in all weekend activities while supervising the child to whom he/she is assigned.

Support Staff Description:
The Support Staff is responsible for providing assistance to the Camp Jamie committee members and other Camp Jamie volunteers, as needed. The Support Staff is expected to participate in all weekend activities while providing games, activities, assistance and supervision as needed.

Applicants are chosen, using the following criteria:

- Must be 18 years old or older
- Must complete and return entire application packet prior to the deadline established
- Must attend all required trainings
- Must be available for all hours of the weekend experience
- Frederick County residents are given first consideration
- Experience with children and bereavement issues desirable
- Must consent to a background check and authorize Hospice of Frederick County to obtain the records
- Must be able to participate in and perform all physical and emotional exercises

*HFC has the right to reject an application of one who has received an undesirable background check

Responsibilities will include but not be limited to:
- Adheres to guidelines/procedures established by the Camp Jamie committee, as discussed in training

*** The main role of the Camp Jamie volunteer is to provide friendship and support only, not grief therapy!

***After careful consideration, the final decision of applicants accepted is at the discretion of the Camp Jamie committee
Camp Jamie Volunteer Application

All Information is Strictly Confidential

Today’s Date ________________

Name ________________________________________________________________

Address ____________________________________________________________________________

County in which you reside ____________________________________________________________________________

Telephone# (H) _________________

Telephone# (W) _________________

E-mail Address: ____________________________________________________________________________

Birthdate _______________________    Age ________       Gender ____________

Ethnic background (optional) ____________________________________________

Education:

High school attended ______ _______________________________________

Year completed __________________________________________________

College attended _____ ___________________________________________

Year completed_____________      Degree____________________________

Employment history:

1. ______________________________________________________________________ Dates of employment

2. ______________________________________________________________________ Dates of employment

Volunteer experience:

Agency or organization_____________________________________________________

_______________________________________________________________________

Physical limitations? ____Yes ____No       If yes, please explain

_______________________________________________________________________

History of emotional disturbances?     __Yes      __No     If yes, please explain

_______________________________________________________________________

Are you available for the entire weekend? ___Yes  ___No

Are you authorizing Hospice of Frederick County to conduct a background check?  ___Yes   ___No
Significant deaths:

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Why do you want to volunteer for Camp Jamie this year?

________________________________________________________________________

Position you would like to hold at Camp Jamie
(Big Buddy or Support Staff)

______________________________

T-shirt size

Volunteer Health History Form

Person to notify in an emergency

______________________________

Relationship

______________________________

Address

________________________________________________________________________

Daytime phone#

Evening phone#

Health history (Please check those that apply)

___Allergies ___Emotional Problems ___Wears Contacts/Glasses

___Asthma ___Hearing Impairment ___Heart Disease

___Seizures ___Physical Limitations ___Other

___Diabetes ___Motion Sickness

Please explain any items that were checked or indicate any other useful information regarding your health:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are you currently under a physician’s care for a medical problem? ___YES ___NO

Are you restricted from participating in any physical activity? ___YES ___NO

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Jamie activities.

________________________________________________________________________

Signature __________________ Date ____________________
Authorization for Emergency Medical Treatment

Should a medical emergency arise during my participation in Camp Jamie activity and I am unable to speak for myself, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Jamie Director and

2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

_________________________________________  ________________________  
Signature       Date

Preferred medical doctor/facility ____________________________
Address ____________________________________________________
Telephone Number ____________________
Insurance Company __________________________________________
Policy Number __________________________
Policyholder’s Name _________________________________________

Statement of Confidentiality

I understand that information regarding Hospice of Frederick County, Frederick Memorial Hospital, patients, their families and/or significant others and any persons receiving support or services in any capacity is privileged information for use by and with authorized persons only.

I will disclose such information only in the discharge of my assigned duties and responsibilities with Hospice or persons authorized to receive such information through the signed consent of 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 persons. I also understand that the casual sharing of patient care information in public places or settings is inappropriate.

I further understand and agree that any violation of this policy is of such critical offense that it will justify my immediate discharge.

Print Name ___________________________________________
Signature _____________________________________________
Date _________________________________________________
Volunteer Release of Liability

I understand and agree that Hospice of Frederick County, Frederick Memorial Hospital, Board of Directors, Employees and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the volunteer listed below attends Camp Jamie.

_______________________________________  ________________________
Signature of Volunteer      Date

Volunteer Publicity Permission

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Hospice of Frederick County, Frederick Memorial Hospital and its Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape and/or interview some of the volunteers and children attending camp. Please sign below if you have no objections to being subject to this.

_______________________________________  ________________________
Signature of Volunteer      Date
DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

HOSPICE OF FREDERICK COUNTY ("The Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, motor vehicle records ("driving records"), your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-835-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by HOSPICE OF FREDERICK COUNTY by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by HOSPICE OF FREDERICK COUNTY, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-835-1649, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Print Name: ____________________________
Signature: ____________________________ Date: ____________________________

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11019 McCormick Road, Suite 120, Hunt Valley, MD 21031 • 800-835-1649 • www.PinkertonScreening.com

Rev. 06/2011
Background Information Form

Last Name________________________ First________________________ Middle________________________

Other Names/Alias______________________________________________________________

Social Security* #________________________ Date of Birth*________________________

Driver’s License #________________________ State of Driver’s License________________________

Present Address________________________ Phone Number________________________

City/State/Zip________________________ Number of Years at Address________________________

Previous Address________________________

City/State/Zip________________________ Number of Years at Address________________________

Previous Address________________________

City/State/Zip________________________ Number of Years at Address________________________

Previous Address________________________

City/State/Zip________________________ Number of Years at Address________________________

Education – Highest Level

School Name________________________________________________________

School Address________________________ City________________________ State________________________

Attendance Dates________________________ Major________________________ Degree________________________

Date Graduated________________________ Name at Time of Graduation________________________

Former Employment

Name of Former Employer________________________________________________________

Position________________________ Dates of Employment________________________

Employer’s Address________________________________________________________

Employer’s City________________________ Employer’s State________________________ Employer’s Zip________________________

Signature________________________________ Date________________________

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver’s license, or SSN until either a confidential offer of employment or at the time the background report will be run.]