



Dear Camp Jamie Volunteer,

Thank you for your interest in Camp Jamie. Camp Jamie 2012 will be held on **May 18, 19, and 20**. 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 20, 2012**. 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 30, 2012 from 6:00-8:00 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 15, 2012 from 6:00-7:45 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:

Relationship of Deceased	Year of death	Age of deceased	Cause of death

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] 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, social security verification, motor vehicle records ("driving records"), verification of 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, 800-635-1649, 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.

**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, 800-635-1649, 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Information Form**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias/Maiden \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

\*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.]