



CAMP HOPE VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____

Home Phone _____ Cell Phone _____

Have you ever been convicted of a Felony: Yes _____ No _____

Age 18 or above: Yes _____ No _____

Do you hold any certifications? (First Aid, CPR, Etc.) _____

Do you have any health considerations that would prevent you from participating fully in camp activities? Please list:

Camp Position you desire (circle all that apply): Kitchen – Counselor – Counselor Assistant – Recreation – Arts/Crafts

Decorations – Cleanup – Other: _____

Tshirt Size: Small – Medium – Large – XL – 2XL – 3XL – Other _____

Why do you want to volunteer at Camp Hope? _____

What gifts, talents or special qualities do you possess that would be especially suitable to children dealing with a death?

Please share any of your own personal grief experiences _____

Have you had any contact with children who have experienced the death of someone they loved?

Other comments, questions, or concerns: _____

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Photo Release Authorization:

Hospice of South Georgia, Inc / Camp Hope has my permission to use any photos taken of me at Camp Hope for brochures, slide shows, press releases, etc.: Yes _____ No _____

Applicants Signature: _____



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