



Camp Hope Volunteer Application

Name: _____

Address: _____

Email: _____ 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 conditions 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- 4H Helper- Other: _____

T-shirt 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: _____ Date: _____

