

**Hospice of Redmond  
Camp Sunrise  
June 16<sup>th</sup> – 18<sup>th</sup>, 2023  
Suttle Lake: United Methodist Camp**



## **Volunteer Application**

Thank you for your interest in becoming a volunteer for Camp Sunrise. This application was developed specifically for participation in our program and, therefore, some of the questions may seem unduly personal or private. *We will conduct a criminal background check for every applicant.* The information given will be kept strictly confidential.

*Please note: If you are under 18 years of age, parental consent and two recommendation letters from a school counselor, clergy, or teacher are required.*

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Pronouns: (circle) He/Him. She/Her. They/Them.

Other pronouns (please describe)

\_\_\_\_\_

Do you have a currently valid driver's license?

\_\_\_\_ State # \_\_\_\_\_

If you own a vehicle, do you have liability coverage? \_\_\_\_\_

**Person to notify in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Due to the Coronavirus safety precautions, our Hospice requires that all volunteers/staff attending Camp Sunrise be fully vaccinated. Can you provide a photocopy of your vaccination record?**

Yes \_\_\_\_\_ email to [bereavement@hospiceofredmond.org](mailto:bereavement@hospiceofredmond.org) or return proof of vaccination with this application.

No \_\_\_\_\_ If this requirement is lifted, please consider me for a position at Camp Sunrise.

1. Do you have any impairment, physical, mental, or emotional, which may interfere with your ability to perform this job? \_\_\_\_\_. If yes, please explain:

---

---

2. Are you currently under a doctor's care? \_\_\_\_\_ If yes, please explain:

---

---

3. Present or Most Recent Employer: \_\_\_\_\_

4. Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Past work history relevant to Camp Sunrise:

---

---

---

6. Relevant volunteer / employment experience working with children:

Agency Name                      Address                      Job Title / Length of service

---

---

---

7. Personal References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

8. Please explain your basic reason for seeking to volunteer at Camp Sunrise:

---

---

---

---

---

9. Please list any special interests, skills, or qualifications (arts, crafts, music, foreign languages, drama/theatre, therapy dog handler, counselor, teacher, etc.) *Attach therapy dog certification and a brief description of the dog's experience with children.*

---

---

---

---

---

10. Please briefly describe experiences you may have had with the loss of a family member or close friend through death:

---

---

---

11. Are you available for:

**All staff Training May 20<sup>th</sup> 9am-4pm \*1 hr lunch break (lunch provided) Yes \_\_\_ No \_\_\_**

Additional training for new volunteers to be scheduled in April.

**June 16-18th for Camp Sunrise Yes \_\_\_ No \_\_\_**

*If no, please explain:*

**Please see attached page for position descriptions and check the positions you are applying for.**

Children's Co-Counselor \_\_\_\_\_

Organizational/Art Activities support at camp \_\_\_\_\_

Transporting supply's to and from camp \_\_\_\_\_

Organize supplies prior to camp \_\_\_\_\_

Because being a volunteer at Camp Sunrise requires that you work closely with children, you must be able to pass a criminal background check which will be submitted upon the arrival of your application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*By signing this application, I hereby grant permission to the staff of Camp Sunrise to conduct a complete and comprehensive background investigation including criminal history.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:      CAMP SUNRISE Attn: Kat Rachman  
732 S.W. 23<sup>rd</sup> St. - Redmond, OR 97756  
Phone: 541-548-7483  
Email: [bereavement@hospiceofredmond.org](mailto:bereavement@hospiceofredmond.org)

New applicants: *Interview date/time:* \_\_\_\_\_ *(staff to complete)*