

Hospice of Redmond
Camp Sunrise
June 14th—June 16th 2024
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: _____

(Street)

(City)

(State)

(Zip)

Address: _____

Telephone: (H): _____ (Cell): _____

Email: _____

Date of Birth: _____

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

Other pronouns (please describe): _____

Do you currently have a valid driver's license? No _____ Yes _____

State: _____ License #: _____ If you own your vehicle, do you have liability coverage? _____

Person to notify in case of an emergency:

Name: _____ Relationship: _____

Contact info: _____

Please continue to the rest of the application on the following pages.

1. This volunteer opportunity will include excessive standing, walking, lifting up to 25 lbs, bending, stooping and reaching for materials. Please list any physical or mental limitations that may interfere with your job duties: _____

2. Do you have any pending criminal charges? No _____ Yes _____

If yes, please explain: _____

3. Present or most recent employer: _____

4. Position: _____ Work phone number: _____

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: _____

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

9. Please list any special interests, skills, or qualifications (CPR, first aid, arts, crafts, music, foreign languages, drama/theater, therapy dog handler, counselor, teacher etc). Please *attach a copy of your 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 a close friend through death: _____

11. Availability:

Please note that there will be a mandatory training for all volunteers—date to be determined. Stay tuned!

Are you available from June 14th—16th 2024 for Camp Sunrise? No _____ Yes _____

If no, please explain: _____

Please see the attached position descriptions and check the positions you are interested in!

Lead counselor (children's program) _____

Lead counselor (teen program) _____

Assistant counselor (children's program) _____

Assistant counselor (teen program) _____

Floating counselor _____

Activities support volunteer (not an overnight position) _____

General Camp Operations Staff _____

Saturday relief counselor _____

Greeter _____

**Counselor and Assistant counselors for the teen programs are encouraged to have strengths in expressive art or art therapy*

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 we will submit once we receive your application.

Applicant's signature: _____ date: _____

By signing this application, I hereby grant permission to the staff of Camp Sunrise to conduct and complete a comprehensive background investigation including criminal history.

Parent/Guardian signature (if applicable): _____ date: _____

Please return completed application to:
CAMP SUNRISE Attn: Kat Rachman
732 SW 23rd Street
Redmond, OR 97756
Phone: 541-548-7483
Email: bereavement@hospiceofredmond.org

**staff to complete:*
New applicants - interview date and time: _____