

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: \_\_\_\_\_

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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: \_\_\_\_\_

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6. Relevant volunteer/employment experience working with children:

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_ Job title/length of service: \_\_\_\_\_

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7. Personal references:

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

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

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

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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:*

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

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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](mailto:bereavement@hospiceofredmond.org)

*\*staff to complete:*

New applicants - interview date and time: \_\_\_\_\_