

Return Completed Application to:  
**HOSPICE OF CENTRAL PENNSYLVANIA**  
 1320 LINGLESTOWN ROAD  
 HARRISBURG, PA 17110



## APPLICATION FOR CAMP DRAGONFLY VOLUNTEER -- 2017

**Choice of camp location (check one):**  Hebron  Swatara  Both

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address (only if used regularly) \_\_\_\_\_

Best Way to Contact You?  Home Phone  Cell Phone  Work Phone  Email

Best Time to Contact You? \_\_\_\_\_

### EDUCATION

	Name of Institution	Degree	Year Completed
High School			
College			
Other			

Other Relevant Training / Volunteer Experience:

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT (please list most recent first)

	COMPANY	POSITION	DATES
1.			
2.			

**REFERENCES** - Provide names, addresses, and daytime phone numbers of three professional references. Please do not list relatives or family members.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Have you ever been convicted of a crime or dismissed from employment/volunteer positions due to sale or use of controlled substances, sexual misconduct or the abuse/neglect/physical violence involving other persons?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Complete Other Side

## How would you like to be involved? (Check all applicable to your interests)

- Adult Buddy to a Child** - "Buddies" are expected to be present the entire weekend of camp.  
*If you are assigned as a buddy this will be your only role at camp.*

Age range of child you prefer to be assigned\*? \_\_\_\_\_

*\*Please note that this is a preference. We will consider this information in making your assignment, but unfortunately cannot guarantee your request will be accommodated since all children will need to be matched.*

### **Support Volunteer**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Parking Guide           | <input type="checkbox"/> Cabin Float               | <input type="checkbox"/> Registration (Check In)          |
| <input type="checkbox"/> Set up (Friday)         | <input type="checkbox"/> Craft Assistant           | <input type="checkbox"/> Kitchen Assistant (Swatara only) |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Camper Check Out (Sunday) | <input type="checkbox"/> Clean Up (Sunday)                |
- Other, specify any special skills such as playing guitar, singing, taking photographs, etc.:

\_\_\_\_\_

\_\_\_\_\_

**Support Volunteers** – Please indicate the days and times you will be available to assist at camp.

DAY	TIME		TIME	STAY OVERNIGHT? **
Friday		to		<input type="radio"/> Yes <input type="radio"/> No
Saturday		to		<input type="radio"/> Yes <input type="radio"/> No
Sunday		to		

*\*\* Please note that overnight accommodations are limited*

### **BEREAVEMENT HISTORY**

To help us match adult buddies to children we need information on losses that you have experienced.

Relationship	Year of Death	Age of Deceased	Cause of Death

**Comments / Other Information You Would Like Us to Know About You:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_