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HOSPICE OF CENTRAL PENNSYLVANIA
 1320 LINGLESTOWN ROAD
 HARRISBURG, PA 17110



APPLICATION FOR CAMP DRAGONFLY VOLUNTEER -- 2018

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

- Parking Guide Cabin Float Registration (Check In)
 Set up (Friday) Craft Assistant Kitchen Assistant (Swatara only)
 Recreational Activities Camper Check Out (Sunday) 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:** _____