

Return Completed Application by Mail or Fax to:

HOSPICE OF CENTRAL PA
1320 LINGLESTOWN ROAD
HARRISBURG, PA 17110
Fax: 717-234-0346



APPLICATION FOR NEW CAMP DRAGONFLY VOLUNTEER CAMP HEBRON, HALIFAX, PA—October 22-24, 2021

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			

Primary Language _____ Other Languages Spoken _____

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 camp day.
If you are assigned as a buddy this will be your only role at camp. We ask that you participate in the zoom meeting Friday night to meet your little buddy.

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.*

- Assist with Friday night Zoom Meeting** – Can you participate in a Zoom meeting Friday night?

Support Volunteer

- | | |
|---|---|
| <input type="checkbox"/> Parking Guide (Saturday & Sunday) | <input type="checkbox"/> Registration (Saturday & Sunday) |
| <input type="checkbox"/> Craft Assistant (Saturday & Sunday) | <input type="checkbox"/> Camper Check Out (Saturday & Sunday) |
| <input type="checkbox"/> Recreational Activities (Saturday & Sunday) | <input type="checkbox"/> Set Up (Friday) |
| <input type="checkbox"/> Supportive Tasks (Saturday & Sunday) | |
| <input type="checkbox"/> 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
Friday	4:00 pm	to	6:00 pm
Saturday		to	
Sunday		to	

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:** _____