

JUNE 7 - 9, 2024

WHATCOM HOSPICE CAMP KALEIDOSCOPE VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

Last Name:			First Name:		Nickname:	T-Shirt Size:							
Address:			City:		State:	Zip:							
Home Phone: Cell Phone:			Email:										
Birthdate:				Pronouns:									
Person to notify if an emergency & relationship:				Emergency contact phone:									
Volunteer Requirements				Required Volunteer Trainings:									
	In addition to the training, all volunteers must complete the				New Camp Volunteer Training (4 hours):								
 following requirements to volunteer: Health screening (including TB testing, completed COVID-19 vaccination, flu shot) Provide own transportation to Camp and Training Complete paperwork packet for personnel file Be 18 years or older Able to sleep overnight at camp Are you able to meet these requirements? YES NO 				 Wednesday, February 28 – 4pm – 8pm Saturday, March 9, 9am – 1pm Teams Training Day (3 hours): 									
									Team Volunteers - Sunday, March 24, 9am – 12pm				
									 CPP/BB – Sunday, March 24 1pm-4pm All Camp Training Day (6 hours): Saturday April 20, 9am—4pm 				
				Catta Know Vay Event Common and Femilies									
				Get to Know You Event Campers and Families –									
				 Wednesday May 22, 2024 (Not required but encouraged to support campers) 									
				CAMP KALEIDOSCOPE: June 7 – 9, 2024									
				1	Check which roles	vou are i	nterested in*	√	IVIP K	ALEIDOSCOPE: June 7	- 9, 2024		
				,	Big Buddy	,		,	We	elcome Team/Reg	 istration		
					Clinical Point Person				Rit	ual Team			
					Camp Support Team				Ent	ertainment Tean	1		
	Logistics Team				Μu	sician Volunteer							
	Kitchen Crew				Set	up/Clean up Vol	unteer						
	Pet Therapy Team				Pho	otographer							

^{*} Volunteer role descriptions on following page





Big Buddy (BB) – Camper support for the weekend. Responsible for getting campers to meals and activities on time and facilitating in cabin play time activities and encouraging cabin bonding. Big Buddies will facilitate grief conversations in the cabin and coordinates with and reporting to clinical support with any concerning camper issues.

Activity Level: Very High – Extensive walking throughout camp during entire weekend, occasional running and lifting, may have interrupted sleep as will sleep in cabin with campers.

Clinical Point Person (CPP) – Camper support position for trained counselors, bereavement specialists, or other specialists who work in the grief field. CPP's are "Clinical Big Buddies" paired with a cabin of campers. Required: CPP volunteers must have an educational and work background with bereavement and two years of direct clinical experience. Qualified applicants are accepted at the discretion of clinical staff. May require attendance at additional planning meetings (approx. 3-4) prior to camp.

Activity Level: Very High – Requires extensive walking throughout camp weekend, occasional running, may have interrupted sleep.

Logistics/Activity Set Up Team – Provides the behind-the-scenes work to ensure our camp runs smoothly – assist with welcome, camp set up/take down activities, managing supplies and movement throughout camp. Logistics will have team members that stay at camp the entire weekend, as well as working with volunteers that help Fri and Sun with set up and take down that would not stay throughout weekend.

Activity Level: Very High – Must be able to lift 30 pounds, loading/unloading in truck and extensive walking throughout camp. Will be required to sleep at camp (although not in cabin with campers)

Ritual Team – Provides support to create meaningful rituals throughout the camp weekend for campers to honor and remember their significant person who died. Will meet 2-4 times prior to camp to plan activities. Procure supplies needed. Work throughout weekend to set up and take down activity.

Activity Level: Moderate/High – must be able to lift supplies and move supplies. Must walk throughout weekend. Required to sleep at camp (although not in cabin with campers)

Welcome Team/Registration – Responsible for how to welcome campers and families to camp. Assist with managing parking lot and welcoming campers. Assisting with checking in campers and making sure all requirements are met. Must be lively and engaging and willing to be silly and wear costumes. Required to sleep at camp (although not in cabin with campers)

Activity Level: Moderate

Camp Support Team – Supports grief activities throughout camp weekend to directly assist campers in completing activities. This role directly supports camp and campers in a variety of ways. Required to sleep at camp (although not in cabin with campers) **Activity Level: Moderate**

Entertainment Team – Moves throughout the camp providing engagement opportunities to welcome and support campers as they get to know each other. High energy, comfortable wearing costumes and leading silly dances/activities. Required to sleep at camp.

Activity Level: Moderate/High

Musician – Needed to creatively support Welcome Team/Ritual team and support campers throughout weekend.

Activity Level: Moderate— must be able to walk around camp throughout weekend.

Set up/clean up Volunteer – Assists with prepping camp on Friday and cleaning up camp on Sunday. Would require heavy lifting and focused attention to detail. Works with the Logistics Team. This role will not stay throughout the weekend.

Activity Level: High

Kitchen Crew – Assists with meal preparation and service throughout weekend. Will work with Lead Food Volunteer to feed campers and volunteers throughout the weekend.

Activity Level: Moderate/High

The more details you provide for the following questions, the more you demonstrate how seriously you have considered volunteering for Camp Kaleidoscope:

1.	Can you participate the entire camp weekend (Friday June 7th at 10 AM through Sunday June 9th, 2024 at 4 PM)?
2.	Why are you interested in volunteering at Grief Camp?
3.	Which age group(s) are you most interested in working? (6–7-year-old, 8-9 year old or 10–12-year-old campers?):
4.	Have you ever spent time with children experiencing grief and loss? Please describe.
5.	Do you bring any special qualities/services—art, cultural studies, sewing, knitting, beliefs, talents, knowledge, experience, foreign language, music, crafts to the grief camp volunteer program?
6.	Have you ever had a significant loss – death, divorce, or separation? Please share about this experience (including whether this loss occurred in the past year):
7.	Have you ever been fired, discharged, or asked to resign from any position? If so, please explain:
8.	Is there anything you'd like the leadership team to know so we can best support you at camp?
9.	Do you have any dietary restrictions/preferences? (We will do our best to accommodate all.)

PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

YOU MUST LIST TWO REFERENCES & PROVIDE COMPLETE MAILING AND EMAIL ADDRESSES References will be contacted. No family--Professional or friends O.K. Please write clearly.

1	Name:	Relationship:				
	Address:					
		Email:				
	Phone:					
2	Name:	Relationship:				
	Address:					
		Email:				
	Phone:					
CODE OF ETHICS FOR VOLUNTEERS						
As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in						
whicl	h I work. I, like them, assume certain responsibilities and e	xpect to account for what I do in terms of what is				
expe	cted of me. I understand that any information that is disclo	osed to me while assisting the hospice is confidential. I				
inter	pret "volunteer" to mean that I have agreed to work witho	out compensation in money. If accepted as a volunteer				
work	er, I expect to do my work according to the standards set f	orth in the Volunteer Policies and Procedures. I				
unde	rstand there is a one year waiting period after experiencin	g a loss before becoming a volunteer. I understand that				
civil a	and criminal background checks will be run, as required by	law, including national and Washington State Patrol, and				
Offic	e of the Inspector General. (OIG)					
Dock	aration: I hereby certify that the statements made on this	application are true and correct to the hest of my				
	rledge. I understand that, by submitting this application I a	• • • • • • • • • • • • • • • • • • • •				
	oyment, character and public records for the purpose of d					
-	ect the confidentiality of any client information I acquire in					
•	n that all information on this form is true.	the course of my volunteer activities with hospice. I				
allill	in that all lillormation on this form is true.					
SIGN	ATURE	Date				
	Electronic Signature OK					
D - 4	water Amia Cam Baarnan Caandinatan Waliston Ca	- in a Chaile and Channel and the are				
retu	rn to: Amie Carr, Program Coordinator -Volunteer Ser	vices - c-iviaii. <u>acair@peacerreaitri.org</u>				

Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 – 360-788-6892, Fax: 360-788-6884