



VOLUNTEER APPLICATION FORM

REQUIREMENTS: Each volunteer must enjoy working with children. He or she must have good listening skills and a positive demeanor. He or she must understand and respect the concept of personal space and be comfortable with and be able to accept diverse beliefs without judgment.

QUALIFICATIONS:

- Submit a completed and signed Volunteer Application Form including media release
- Complete a successful interview with the co-founders of Camp Good Grief of their designee
- Complete the Camp Good Grief Volunteer Training program and on-site orientation
- Must have an understanding of grief and loss, particularly as it relates to children and teens
- Must be 21 years of age or older
- Must pass security screening including fingerprinting and background check
- Must understand the definition of sexual and physical abuse
- Must understand the definition of confidentiality
- Must provide 2 personal references

Camp Good Grief training will cover all of the topics listed above. We value our volunteers who come from a wide cross section of the Staten Island community and beyond. Prior formal education in griefwork or counseling is not required to be a successful volunteer. Experience with children, an understanding mind and compassionate and caring heart are essential for all Camp Good Grief of Staten Island volunteers.

ACCOUNTABILITY:

All volunteers are directly accountable to the co-founders of Camp Good Grief and/or their designee(s).

RESPONSIBILITIES:

- Provide a safe setting to grieve the loss of a loved one
- Provide feelings of hope and a sense of community
- Provide a place of caring and kindness for expressing emotional needs
- Honor and respect each campers unique loss without judgment
- Participate in and assist with the daily activities of camp
- Communicate to the co-founders of Camp Good Grief and/or their designee(s) any concerns about any child's health, well-being or safety

You may be asked to assist with any of the following:

- Help set up the facility prior to the arrival of the children
- Help clean up the facility after the children have left

- Conduct, supervise or assist with specific camp activities such as art, music, drama, etc.
- Attend and assist with meals with the children
- Provide overnight supervision of the children

You may be asked to assist with any of the following administrative tasks

- Arrive at camp early, prepared to assist in registering campers including warmly greeting the children and their parents or guardians
- Complete a short, observational rating scale for specific children both prior to and directly following the camp experience
- Assist the co-founders of Camp Good Greif or their designee(s) with other relevant time-related tasks such as preparing the campfire, helping at the BBQ, memorial service, balloon launch, etc.
- Provide honest and helpful feedback in order to continually improve the camp experience.
- Assist campers in keeping their sleeping place safe and tidy insuring that their belonging are stored securely.
- Assist with other relevant tasks and assignments as required

RULES, RULES, RULES

- Alcohol, tobacco, or non-prescription drugs are not permitted at camp
- Medication may only be administered by the camp nurse
- We value and respect our camper's and volunteers rights to privacy and confidentiality. Photographing or recording at camp is not permitted. Therefore no radios, cell phones, iPads, iPods, TV's, electronic games or any other electronic devices are permitted at camp unless specific permission is given by the camp's co-founders and/or their designees.
- Safety is of concern for our volunteers as well as staff. Therefore, clothes, jewelry and footwear must be such that they do not pose a safety hazard
- Volunteers are advised to leave valuables at home. There will be no need for money during camp.
- Any injury or accident must be reported to the camp nurse immediately. You may be asked to assist with an incident report should it be necessary.
- Volunteers may not share their personal contact information with our campers.
- Volunteers and campers are not permitted to enter any sleeping area other than the one to which they have been assigned.
- Volunteers must be vigilant in **not allowing any camper to go off alone at any time**. If it should be necessary for a camper to leave the activity area, he or she must be accompanied by an adult with the knowledge and approval of the camps co-founders and/or their designee.

Please retain this portion of the Volunteer Application Form, complete the following portion and mail it to Camp Good Grief PO Box 141046 Staten Island, New York 1031

Volunteer Application Form

Thank you for your interest in becoming a volunteer at Camp Good Grief of Staten Island. The information you provide will help us to utilize your time and talents to their utmost. *This information is for the sole purpose of Camp Good Grief and will be held confidential and not shared with anyone outside of camp.*

Name: _____

Address: _____ State _____ Zip code _____

Phones: (H) _____ (C) _____ (W) _____

Email: _____@_____

Social Security Number _____/_____/_____ Date of Birth: _____

Please check that which best describes your **Education**:

- I am a High School Graduate
- I attended College but did not graduate
- I am a College Graduate with a degree in _____
- I have attended Graduate School with a degree in _____
- I have done post graduate work with a degree in _____

List any other training, coursework, seminars, etc. you feel will help you to be a great volunteer at Camp Good Grief. _____

Your work history is also important and relevant to your success as a Camp Good Grief volunteer. List you work experience below.

Employer _____ From _____ to _____

Position _____

Describe the type of work you do _____

Past Employer _____ From _____ to _____

Position and the type of work you did _____

Past Employer _____ From _____ to _____

Position and the type of work you did _____

List any **volunteer experience** you have had including for whom you volunteered, what you did and when you were a volunteer.

Let us know what **talents** you bring to camp and what you would like to do to help out. These can range from the very specific, such as being an art therapist; to I am talented in organizing things and everything in between.

Do you have **training** in any of the following:

() Adult CPR () Children's CPR () First Aid () Other _____

We will be contacting your **references**. By signing this application, you are giving us permission to contact your personal and professional references.

Professional Reference's Name: _____

Title and Company: _____

Address: _____

Phone: _____ Email: _____

Personal Reference's Name: _____

Relationship to you: _____

Address: _____

Phone: _____ Email: _____

In the unlikely event that you should become ill or injured, we need your **emergency contact information**.

Name: _____ Relationship to you: _____

Address: _____

Phone: (H) _____ (C) _____

Doctor's name and phone: _____

List any **allergies** you have or **medications** you take: _____

Signature: _____ Date: _____

Please mail to Camp Good Grief PO Box 141046 Staten Island, NY 10314
Or Email to sunshine@campgoodgriefsi.org