



Camps for grieving children and teens

Geisinger

Dear Prospective Volunteer,

Thank you for considering Camp Courage as a place to give of your time and talent. Our bereavement camps [Camp Courage I and Camp Courage II] offer children and teens (6- 18 years of age) and their families a safe place to share their feelings of grief and to learn coping skills to help them on their grief journey. The camp is a bereavement outreach of Geisinger, a not-for-profit organization, and is made possible through grants, fund-raising activities and the generosity of volunteers and donors in our community. **Camp Courage is free to all children and families who attend.**

Camp Courage campers experience a planned fun filled two-day camp, yet one which will help each camper to understand, express and share their feelings of grief. Registered nurses and a counselor are also available and on site at all times. Campers learn a variety of ways to express their grief through journaling, music, art, physical activity, creating memory boxes and other guided activities.

If you are interested in helping with Camp Courage, please fill out the enclosed application. We have attached a guide to direct you in the completion of the application process. In order for us to plan for camp, the completed Volunteer Application must be returned to us as soon as possible so that we may complete the process. Please be aware that all of the precautions we take are necessary to protect the campers.

We know that Camp Courage is truly a special experience for the children who attend and also for those who help make it possible. If you have any questions, please contact me at 570-271-6461 or Bereavementcamps@geisinger.edu

Thank You for your interest in Camp Courage!

Susan Smith



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Volunteer application process

Step 1:

Complete, date and sign the application where indicated. Three Volunteer Reference Forms should also be attached to your completed application and mailed to:

CAMP COURAGE
P O BOX 712
MILLVILLE PA 17846

Step 2:

When we have received your completed application, we will be touch.

Step 3:

Once you have successfully completed the application, you must complete the following clearances: Act 34 Child Abuse Clearance, and a Criminal Background Check **If you have had these clearances done within the last five years, please include a copy with your application.** If you have not, you will be provided with the necessary forms. The Child Abuse and Criminal Background are free for volunteers. The third clearance needed is Fingerprinting. If you have not had your fingerprinting clearance done you will be provided the necessary direction and reimburse you the cost.

Step 4:

If steps 1 – 3 have been successfully completed, you will be asked to attend a mandatory Training Session.

If you have any questions or concerns, please contact me at 570-271-6461 or Bereavementcamps@geisinger.edu



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Volunteer Application

Today's Date: ___ / ___ / ___

Volunteer's Information

Full Name: _____

Prefer to be called: _____

Gender: Male Female Other Prefer not to answer

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Date of Birth: ___ / ___ / ___

Phone Number(s): _____

Email Address: _____

Attach your photo here.
REQUIRED

How did you learn about Camp Courage?

Education/Special Training that may be relevant to the Bereavement Camps:

Each year we purchase shirts for our campers and volunteers. Please choose a size.

Adult sizes: Small Medium Large XL XXL XXXL



Past/Current Volunteer Work

Employment: Please list most recent first.

	Company	Position	Dates
1			
2			
3			
4			

Please include three letters of reference when you return this application (attached at end of application). Please list the names of those references below:

	Name	Relationship	Phone Number
1			
2			
3			

History of Death of Loved Ones/Grief

Describe any personal experiences with death, dying, grief or serious illness:

Are you currently doing any personal grief work?

In what areas do you need to learn and grow while doing this type of volunteer work?



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Bereavement Camps Volunteer Health History

Volunteer Name: _____

Year of last Tetanus Booster: _____

(Current tetanus vaccination is strongly suggested prior to attending camp). Protection is usually good for 10 years.

Date of last physical exam: ___/___/_____

Describe any personal health problems/issues or allergies:

Do you have any special needs or physical limitations/restrictions on activities while at camp?

Are you currently under the care of a physician for any medical problem? Yes No

Do you take any physician-prescribed medication on a regular basis? If yes, please explain:

In Case of Emergency

Contact Name: _____

Relationship: _____ Phone Number(s): _____

Medical Insurance Information. Please attach a copy of current insurance card(s).

Company: _____

Policy/Group #: _____

Policyholder's Name: _____

Preferred Physician/Medical Facility: _____

Physician's Phone Number: _____



Authorization for Emergency Medical Treatment

Volunteer's Name: _____

Should a medical emergency arise during my participation at Camp Courage activity and I am unable to speak for myself, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility deemed most fitting to the type of illness or injury, the Bereavement Camp Nurse or Coordinator Bereavement Camps, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Initials: _____

Volunteer Release of Liability

(This signed release is required for camp attendance)

I hereby release and discharge Geisinger, its agents, employees, volunteers, and officers from any legal responsibility and/or liability for any personal injuries or illnesses, either physical or emotional; or injury to property, real or personal, whether injury is due to negligence or any other fault, which may occur during my attendance at Camp Courage.

Initials: _____

Volunteer's Name *(please print)*: _____

I have read this Authorization, Release and Permission and agree to all of its terms.

Signature of Volunteer

___/___/___
Date

If volunteer is under the age of 18, signature of parent/guardian is required.

Signature of parent/guardian

___/___/___
Date



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Volunteer Reference Form

Please complete the form below. It is the volunteer applicant's responsibility to return the form with his/her application to: CAMP COURAGE, P.O. BOX 712, MILLVILLE, PA 17846.

Note: References may not include family members. Thank you in advance for your cooperation.

Name of Volunteer Applicant: *(please print)* _____

1. How long have you known the applicant and in what relationship/capacity?

2. How does he/she communicate/interact with others?

3. What can you tell us about his/her personality, dependability, and ability to work with others?

4. How do you feel the applicant will relate to and work with children ages 8-18 years of age in the camp setting?

5. Can you describe any reason(s) you would hesitate to recommend the applicant for work with Camp Courage?

6. Any additional comments you would like to share about the applicant?

Signature of Volunteer

___/___/___
Date



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