

2019 Camp Firefly Volunteer Registration

Sept. 7 • Warriors' Path State Park

Date of application: _____

Personal

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Date of birth: _____ Male Female

Email address: _____

Home telephone number: _____ Mobile number: _____ Work number: _____

Emergency contact person: _____

Contact number/information: _____

Job experience

Current or most recent employer: _____

Dates of employment: _____

Job title and/or duties:

Reason for leaving (if applicable):

Education

Please describe the amount of education completed and any special skills/training:



It's your story. We're listening.

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Other information

Why are you interested in volunteering for Camp Firefly?

Are there any specific talents or skills that you wish to share at camp?

What experience (if any) have you had with childhood grief?

Are you aware of any physical or mental disabilities which may hinder you from performing work as a Camp Firefly volunteer? If yes, please explain.

Campers are divided into groups according to grade level. Please check the grade level with which you would prefer to work. We will take this into consideration when making volunteer assignments but may assign you to a different age group based on need.

Pre-K K-1 2-3 4-5 6-8 9-12

Reference 1 (include name, complete mailing address, phone number and/or email address):

Reference 2 (include name, complete mailing address, phone number and/or email address):

Reference 3 (include name, complete mailing address, phone number and/or email address):

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Acknowledgment

All boxes must be checked and name/date completed before submission for application to be considered.

- I hereby affirm that the information provided on this application is true and complete and to the best of my knowledge.
- I authorize a background investigation which may include education and employment history, criminal background check and reference check. I release from liability or responsibility all persons or corporations requesting or supplying information which may be sought in said investigation.
- I further understand and acknowledge that if I am selected to participate in Camp Firefly, I will adhere to all rules, policies and procedures of the program and I shall not receive any compensation for my services nor will I be considered an employee of Ballad Health, any hospital which is a part thereof, or the Ballad Health Hospice program. I acknowledge and agree that I shall be providing services solely as a volunteer.
- Lastly, I hereby authorize the use of a photocopy of this acknowledgment by Ballad Health in conducting the investigation and obtaining the information I have herein authorized.

Your name/signature: _____

Date/time: _____