



Hospice Support Care  
1701 Fall Hill Ave., Ste. 109  
Fredericksburg, VA 22401  
(540) 361-7071

Dear Big Buddy Applicant,

Thank you for your interest in volunteering for Camp Rainbow on **May 18 – 20, 2012**. Camp Rainbow is an overnight bereavement camp for children ages 6-12 that have experienced the death of a loved one. This camp provides a caring environment to help children deal with loss, build trust and self-esteem, and learn coping skills through a series of recreational activities and groups. I am excited that you are interested in helping us with these goals.

As a Big Buddy, you will be assigned one Little Buddy to follow, mentor, and help during the duration of camp. You may also be required to wake kids in the morning and help them get ready for the day, take part in early morning fishing trips, participate in hikes and groups, provide one-on-one counseling, tend to bumps and bruises, and sing at campfires! You will also be given the opportunity to provide leadership in various indoor and outdoor camp activities.

**To apply to be a Big Buddy, please complete the following application and mail or drop it off at the Hospice Support Care office no later than **April 6, 2012**.**

**Please do not fax or e-mail the application**, as we would like to have original signatures on the forms. Once your application is received, it will be reviewed by staff. Selected applicants will be contacted for an in person interview (phone interviews may also be arranged if necessary). If you are chosen to be a Big Buddy, there will be a mandatory volunteer training session on an evening to be announced. You will also be given supplementary resource materials at that time. Soon after the training, you will be assigned to a Little Buddy that we feel best matches your interests, talents, and personality. Please note, if you are a parent of a camper, you may not be assigned to your own child.

Thank you again for your interest in Camp Rainbow. As a volunteer, I am sure that you will find this task to be very rewarding. You will be given the opportunity to increase your knowledge of child development, counseling and group leadership skills, and children's grief. As a Big Buddy, you will also act as a role model to a child, make a difference, and help navigate them through this difficult time.

Sincerely,

*Kim Rudat*

Children & Teen Bereavement Program Coordinator



Hospice Support Care  
 1701 Fall Hill Ave Suite 109  
 Fredericksburg, VA 22401  
 (540) 361-7071

Office Use Only

Application received: \_\_\_\_\_

Applicant contacted: \_\_\_\_\_

Little Buddy assigned: \_\_\_\_\_

**Big Buddy Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred number (Circle one): Home/Work/Cell Email address: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Position/Grade: \_\_\_\_\_

Job Description/Major: \_\_\_\_\_

List two people (not family) who have knowledge of your ability, character, and experience:

\_\_\_\_\_

\_\_\_\_\_  
(Name) (Phone) (Relationship)

Have you ever been convicted of a misdemeanor/felony (not traffic related)? Yes No If yes, please give dates and describe: \_\_\_\_\_

\_\_\_\_\_

List/describe any professional licenses/certifications/training: \_\_\_\_\_

\_\_\_\_\_

Describe your previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

T-Shirt Size: S M L XL XXL

I would prefer working with a  boy  girl.

Preferred age group:  5-6  7-8  9-10  11-12  13-17 NO PREFERENCE (circle)

(Every effort will be made to match you with a Little Buddy according to your preferences)

Describe any previous experience working with children: \_\_\_\_\_

---

---

---

Why do you want to be a Big Buddy? \_\_\_\_\_

---

---

---

Describe how you set limits or discipline children. \_\_\_\_\_

---

---

Do you have any special skills or talents (i.e. art, music, etc)? \_\_\_\_\_

---

---

Do you have any prior knowledge or personal experience with child bereavement? Please describe. \_\_\_\_\_

---

---

Do you have any suggestions or ideas for Camp Rainbow? \_\_\_\_\_

---

---

Please add any additional information about yourself and your experiences. \_\_\_\_\_

---

---

---

---

How did you hear about Hospice Support Care and Camp Rainbow? \_\_\_\_\_

*Thank you for your interest in Camp Rainbow. If you have any questions about this application, please contact the Children & Teen Bereavement Program Coordinator at (540) 361-7071.*

## Big Buddy Health History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list and describe any allergies and/or illnesses: \_\_\_\_\_

---

---

---

Please list any current prescription or non-prescription medications that you take on a regular basis:

Medication name	Dosage	Time(s) taken	Reason prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you had a recent surgery or injury?  Yes  No

If yes, please explain: \_\_\_\_\_

---

---

Please describe any food, environment, or medication allergies. \_\_\_\_\_

---

---

Date of last tetanus immunization: \_\_\_\_\_

In case of emergency, please contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Relationship)

This form is to assist us in case of an emergency during Camp Rainbow. All information and records will be kept confidential (except in case of medical emergency) and no potential volunteer will be discriminated against and/or judged according to his/her health history.

In case of emergency, if it is believed that my life or health may be at risk, I consent to the following:

- Administration of medical treatment and/or surgical procedures deemed necessary by a medical doctor and/or medical facility
- The immediate administration of life-sustaining measures necessary under the circumstances
- I assume liability for any such medical expense involved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent Release and Assumption of Risk Agreement**

Everything reasonable has been done to assure that activities at Camp Rainbow are as safe as possible. However, these activities are not without risk. Any strenuous activity has inherent risks and may result in serious injury or death.

I realize that several activities during Camp Rainbow (including, but not exclusive to, hiking, fishing, swimming, etc) have inherent risks. I knowingly accept and assume this risk and agree to release Westview on the James and Hospice Support Care from all claims, damages, injuries, and expenses arising out of or resulting from my participation in all camp activities. I further agree to release said organizations from all action, claims, or damages in law or remedies in equity of whatever kind. I understand that "said organizations" include their agents and employees.

As a volunteer, I am aware of my responsibilities and duties of my position. I agree that I am accountable and liable for all my actions while volunteering for Hospice Support Care and Camp Rainbow.

I have read the above release and assumption of risk agreement and agree to be bound by it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_