



VOLUNTEER Information & Application 2019

Camp begins **Friday afternoon, April 5** and ends **Sunday afternoon, April 7**
at Riverside Retreat, 7305 County Road 78, LaBelle, Florida.

About Camp

Rainbow Trails is a free bereavement camp for children ages 6-17 who are coping with the recent loss of a loved one. For more than 25 years Hope Healthcare has provided the camp in our community. By offering a weekend of support, coping skills and understanding, the camp helps change the lives of grieving children.

About Volunteering

Volunteers are an important part of our camp and Hope relies on them to help make camp a success. Working under the direction of our professional team, adults aged 18 and over can apply to help. Guidance and training are provided to all.

In addition to completing the Volunteer camp application all potential camp volunteers are required to complete a Level II (2) background check which is provided by Hope Healthcare. All Hope employees, active Hope volunteers and previous camp volunteers who have completed required background checks within the past five years do not need to repeat the process.

All first-time camp volunteers must complete the entire process. All camp volunteers must attend camp orientation, and any additional training sessions based on volunteer positions.

Event	Date	Time	Location
Application Deadline	Friday, February 15, 2019		
Orientation	Monday, March 11, 2019	6-8 p.m.	Hope's HealthPark Office
Buddy Training Session	Monday, March 18, 2019	6-8 p.m.	Hope's HealthPark Office
Rainbow Trails Camp	Friday-Sunday, April 5-7, 2019		Riverside Retreat, LaBelle

Volunteer Needs and Roles

Volunteer roles are assigned based on need, experience and skills. Some camp volunteer roles require two overnight stays; others require only day/evening participation on the camp weekend. Orientation and training session(s) are provided by Hope's camp director and bereavement counselors (dinner is served during sessions) prior to camp. Volunteers work under the guidance of Hope's professional staff during the camp weekend. Volunteer positions include:

Camp Buddy: Chaperone 2-3 children for the weekend; requires overnight stays, Friday & Saturday, returning about 1:00 p.m. Sunday.

Camp Nurse/First Aid: Collect and document medications during check-in, distribute as needed, on-sight first aid as needed. Requires overnight stays, Friday & Saturday, returning about 1:00 p.m. Sunday.

Camp Recreation: Help with indoor and outdoor activities. Schedule varies from a commitment of Friday evening, all day Saturday, Saturday evening, and/or Sunday morning until around noon. Some positions require overnight stays of Friday and/or Saturday. Recreation leader assigns schedule, according to your availability.

Camp Cooking: Prep, cook, serve and clean up Friday evening through Sunday morning. Leader will assign schedule, according to your availability.

General Administrative/Camp Preparation: Various administrative and craft duties at HealthPark or Lehigh offices and/or at camp; flexible, based on camp needs. Most work required prior to camp.

Registration/Safety: Various duties relating to check-in, parking, luggage assistance, guidance; commitment of 2-3 hours on Friday afternoon at HealthPark office.

Welcome Back: Help prepare for camper return and dismissal to parents/guardians at HealthPark office; commitment of 2 hours on Sunday approximately 11:30 a.m. to 1:30 p.m.

Floater/Safety: Help with various jobs and chaperoning while at camp, as needed and identified during camp; may require overnight stay.

Positions are assigned to volunteers based on need, availability and experience. Roles may change as needed, and allowances will be made for "down" time. All volunteers will be asked to help with any areas that need extra assistance.

Submit Volunteer Applications

- Complete the application online at www.HopeHCS.org/rainbowtrailscamp
- Fax a completed form to (239) 333-4251
- Scan and e-mail a completed form to Kay.Kelly@HopeHCS.org; or
- Mail completed form to Hope Healthcare: Attn: Rainbow Trails, 1201 Wings Way, Lehigh Acres, Florida 33936

For more information call Michelle Milita at (239) 489-9189 or (800) 835-1673 ext. 5189



2019 VOLUNTEER Application

Date of Application_____

Name_____Email_____

Address_____

City_____State_____Zip_____

Cell Phone_____Home Phone_____Work Phone _____

Your Age Range, circle one: 18-25 26-35 36-50 51-70+ _____

Shirt Size for camp tee shirt, circle one: S M L XL XXL

I am applying as: ☐ New Camp Volunteer ☐ Former Camp Volunteer

I volunteered previously in year(s) _____ and was assigned _____

I am: ☐ Active Hope Volunteer ☐ Hope Employee ☐ Community Member

Hope Volunteer Duties & Coordinator's Name _____

Staff Office Location, Position and Supervisor _____

Supervisor's Approval/Signature to Participate _____

My Current Profession/work_____

I understand I must complete a Level II (2) Background Check to volunteer at Camp: Yes_____ No_____

Upon application approval, you will be asked to complete the required paperwork to conduct the Level II background check. All Hope Healthcare employees and active Hope volunteers who have previously completed the required background checks will not complete another one. All confidential information required to complete the background check will be properly destroyed once processed and approved.

Returning volunteers, please list volunteer roles you wish to have:_____

If you are not a Hope volunteer would you like to be contacted about becoming a Hope Volunteer? Yes_____ No_____

Returning Volunteers please skip this page and complete Page 5

• What volunteer duties/roles would you prefer at camp? _____

• Why do you wish to volunteer with Rainbow Trails Camp? _____

• What experience do you have working with children? _____

• How did you learn about our camp and volunteering? _____

• Have you recently experienced the loss of a loved one and if so, what was the relationship? _____

• Additional information you would like to share (skills, experiences)? _____

2019 Rainbow Trails Camp
CAMP VOLUNTEER Emergency Medical Information

Your Name (First, Middle Initial, Last): _____

Address: _____

City, State, Zip: _____

Medical Insurance Policy and Information: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Primary Physician: _____ Phone: _____

Health-related conditions, issues and/or problems? Yes ___ No ___

If yes, please identify: _____

Allergies? Yes ___ No ___

Describe the reaction: _____

Additional information regarding your health (limitations, recent changes):
