

Hospice of the Central Peninsula  
**Camp Mend-A-Heart/Volunteer Application**



Date \_\_\_\_\_

**Personal Information:**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**\*\*Please include a copy of your driver's license with this application\*\***

Who should we contact in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Education/Professional Background/Experience:**

Please list any professional licenses, certifications or registrations you have:

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Describe your experiences volunteer, professional or personal which you feel will be beneficial while working with children & youth at CMAH.

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Describe your own grief experiences (to whatever degree you feel comfortable):

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What special skills would you like to share? (art, music, games, languages, etc.)

**Personal References: (no family members please)**

Name of Reference \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_  
How long have you known the person? \_\_\_\_\_

Name of Reference \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_  
How long have you known the person? \_\_\_\_\_

I hereby give the staff of Hospice of the Central Peninsula/Camp Mend-A-Heart permission to obtain and hold in my confidential file reference information from the parties listed above.

Have you ever been convicted of a crime in a court of law, other than for a traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please explain)*

**A background check through the State of Alaska is required of all volunteers, along with a T.B. test. Hospice of the Central Peninsula covers the cost of the background checks. T.B. tests are generously provided at no charge by PCHS.**

***Thank you for your interest in volunteering for Camp Mend-A-Heart, Please read and sign below.***

I \_\_\_\_\_, certify that the information I provided in this application is true and complete to the best of my knowledge. I authorize Hospice of the Central Peninsula to contact my provided references, and other resources to investigate any of the facts stated in this application. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand, or other disciplinary actions. In consideration of acceptance of my application, I release Hospice of the Central Peninsula of any claimed liability arising out of such response and disclosure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Attendance for all 3 days of camp is mandatory for Camp Mend-A-Heart.**