



2010 Camp Brave Heart March 19-21, 2010 Volunteer Information

Thank you for your interest in being a Camp Brave Heart volunteer! Here is some basic information that outlines the commitment details.

GENERAL INFORMATION:

- All camp volunteers must be at least 18 years old.
- We are required to complete a national criminal background screening on all of our camp staff and volunteers. To complete this, we ask for your social security number, race, maiden name, and date of birth.
- The most important requirement for being a camp volunteer is unconditional support to the campers! Our staff will provide sound and safe guidance every step of the way.
- We support family members, significant others and friends volunteering at camp together, but please stay focused on the primary goal of supporting the children.
- All volunteers are required to attend Volunteer Orientation. Registration/check-in volunteers are encouraged to attend orientation but it is not required.
- Camp begins on Friday, March 19th at 3PM, and ends on Sunday, March 21st, at noon. It is extremely important that you be settled in by 3PM so that you can attend a mandatory meeting. Volunteers that will be riding the buses with the children are excused from this meeting and will get the information from their cabin leaders.
- Some volunteers will be sleeping in the cabin with the campers of same gender. You will receive your cabin assignment at orientation. If you are not sleeping in the cabin with the campers, you will be given other accommodations to share with other adult volunteers/staff.
- Each cabin is staffed with a cabin leader who will guide the cabin volunteers and the campers through a meaningful and fun camp experience. Everyone is expected to pitch in for shared responsibilities, making this the ultimate "team" experience!
- The camp is held at Circle F Dude Ranch off of Hwy 60 in Lake Wales. You can find out more about Circle F by going to their website:

www.circle-f-duderanch.com

Travel time to Circle F is approximately 45 minutes from Auburndale, and 75 minutes from Sebring. Unless you are traveling on the bus with the campers, you will provide your own transportation to camp.

VOLUNTEER ROLES:

- 1. Cabin Volunteers:** in this role you must be available to stay at camp for the entire weekend. This helps to promote a sense of security for the children and fosters a setting in which they are comfortable sharing personal information with the group. As a cabin volunteer, you will be one of 4-5 adults who are with the same group of approximately 10 children for the weekend. You will participate in all the activities with your cabin, such as swimming, canoeing, hayrides and more. We do schedule a break time for each volunteer.
- 2. Support Volunteers:** If you prefer not to be assigned to a cabin, or cannot stay overnight, we have other volunteer opportunities for one day or the entire weekend. Please see the camp application for specific roles that are needed and let us know on the application if you will be spending the weekend or will attend during the day time only.
- 3. Greeters (Registration/Check-in):** assist from the Auburndale Fire Station or Sebring office on Friday, 3/19 before camp, and/or on Sunday, 3/21, as the campers arrive back at the conclusion of camp. Greet campers, parents, camper check-in, labeling luggage, loading/unloading children on/off the bus, and helping maintain order throughout the process!

APPLICATIONS ARE DUE BY FEBRUARY 26, 2010!

We need your entire application before we can process it, so please make sure you turn in all of the forms at the same time. Cabins reach capacity quickly and we regret that we must limit the number of volunteers. If we are unable to accommodate you for a cabin volunteer role, please consider taking a "support" role as this is equally important to making sure camp is a success for the kids.

We have heard stories over and over from parents, children, counselors, and people in the community about what a difference camp made in a child's life! Hats off to all of you who devote your time to making camp the best place there is to help a grieving child!

Camp Brave Heart is a great experience, one that we all can enjoy! Please do not hesitate to call us 863-968-1707 if you have any questions or suggestions!

With appreciation,

Allyson Moskowitz, LCSW
Camp Director

Angel Sanders
Camp Volunteer Coordinator

Please indicate the area where you would like to volunteer: Every attempt will be made to assign you to your preference. Please keep in mind that we must consider the needs of the children as priority.

1) **CABIN VOLUNTEER:** By choosing this role you acknowledge that you will be at camp **for the entire weekend**, assigned to a group of children. You are expected to remain with your group throughout the weekend.

Cabin Volunteer (assists cabin leaders in all activities)

Cabin Leader (*GSH social workers, counselors, others only as approved*). If you are selected to be a cabin leader you will be contacted and required to attend a special cabin leader's meeting.

Please indicate your preference for:

Gender: Boys Girls No preference

Age Group: Younger age group Older age group No preference

I want to go horse back riding if space allows: Yes No

I will ride the bus to and from camp with the children from the: Yes No

If yes, choose office: Auburndale office (Fire Station) -or- Sebring office

2) **SUPPORT VOLUNTEER ROLES:**

WEEKEND VOLUNTEER (not in children's cabin): You will stay at camp for the weekend and assist with duties as needed such as preparation for activities, assisting with Saturday specialty activities, meal times, memorial service, etc. If you have a preference for one of the Saturday activities please also check your preference below under "Saturday only"; otherwise we will assign you to a station for Saturday.

I want to go horse back riding if space allows: yes no

I will ride the bus to and from camp with the children: Yes No

If yes, choose office: Auburndale office (Fire Station) -or- Sebring office

SATURDAY ONLY VOLUNTEER:

Assist with Waterfront Activities: (Saturday 8am – 5 pm)

Assist with Land Sports (Saturday 8am – 5 pm)

Lifeguard (must be Red Cross certified) (Sat. 8am – 5 pm)

Arts and Crafts (Sat. 8am – 5 pm)

Puppet Show (Character puppeteer - Sat 8am – 3 pm)

GSH Clown (Saturday)

Other special talent: _____

For Saturday only volunteers, please check which meals you will eat with us:

Saturday breakfast (8:00 AM)

Saturday lunch (12:30 PM)

Saturday dinner (5:30 PM)

3) **GREETERS:** You will be helping from the office by greeting campers, assisting with camper check-in, help load buses, etc! These volunteers are vital to the success of camp!

- Camper registration on Friday, March 19th at the Auburndale Fire Department (be there at 3:00 PM)
- Camper registration on Friday, March 19th at the Sebring office (be there at 3:00 PM)
- Greeting campers on Sunday, March 21st at the Auburndale Fire Department (be there at 11:00 AM)
- Greeting campers on Sunday, March 21st at the Sebring office (be at the Sebring office at 11:15 AM).

ALL VOLUNTEERS:

Please describe your qualifications for and/or experience, talents or skills working with children:

I WILL ATTEND ORIENTATION ON:

- Tues, March 2nd, 6:00 -8:00 PM at the Bethany Center office, 105 Arneson Ave., Auburndale (dinner provided).
- Wed, March 10th, 12:00 - 2:00 PM at the Bethany Center, 105 Arneson Ave., Auburndale (lunch provided).
- Thurs, March 4th, 6:00 – 8:00 PM, at the Sun Room in Sebring (dinner provided).

For additional information or questions call: Angel Sanders @ 863-968-1707.

Please mail applications to:

Angel Sanders
The Bethany Center of Good Shepherd Hospice
105 Arneson Ave, Auburndale, FL 33823

THANK YOU!

CHECKLIST OF FORMS

The following forms are required for your application to be complete. We cannot process your application until we have all of the forms:

- _____ Volunteer & Staff Application**
- _____ Signed and dated Consent to Request Information**
- _____ Signed and dated Volunteer Confidentiality Agreement**
- _____ Signed and dated Media Consent**
- _____ Signed Sexual Abuse Policy and Procedure Statement**
- _____ Completed Employment Information or Personal Reference Information**
- _____ 2 completed Personal References – please use forms provided.**

Don't forget to mark your calendar for orientation!

If you have any questions please call us at 863-968-1707. Thank you!



Dear Volunteer,

This is a standard form required to release related information to us. We perform this check as part of our application process for all potential employees and volunteers. Thank you for your cooperation.

Consent to Request Information

I understand that Good Shepherd Hospice will utilize the services of a consumer reporting agency to obtain information through investigation.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my references, driving record, character, general reputation, personal characteristics, Office of the Inspector General, civil and criminal background.

I also understand that before Good Shepherd Hospice takes any action based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. Such adverse action includes but is not limited to denial of volunteer status with Good Shepherd Hospice and including discharge from volunteer duties.

I understand if I disagree with the accuracy of any information in the report, I must notify Good Shepherd Hospice within two (2) days of my receipt of the report. If I notify Good Shepherd Hospice within two (2) days of the receipt of the report that I am challenging information in the report, Good Shepherd Hospice will not make a final decision on my volunteer status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Good Shepherd Hospice to procure a report on my background as stated above.

Date

Signature

Name (Please Print)



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that Good Shepherd Hospice, Inc. (“GSH”) and its volunteers have a legal and ethical responsibility to protect the confidentiality of (a) individually identifiable health information and all other information concerning the condition, care and treatment of hospice patients of GSH, (b) confidential communications made by participants in GSH’s Camp Brave Heart during the course of individual and group counseling or in other settings, and (c) certain operational or proprietary information of GSH concerning Camp Brave Heart (such patient information, communications, and operational or proprietary information being collectively referred to as “**Confidential Information**”).

As a volunteer for GSH participating in Camp Brave Heart, I understand that I may have access to or possess Confidential Information. I agree that I will access and use Confidential Information only as necessary to perform tasks and duties as requested or authorized by GSH in accordance with policies and procedures of GSH. I further understand and agree that:

1. I will not disclose or discuss any Confidential Information with others, including my friends and family or the friends and family of a hospice patient or Camp Brave Heart participant, unless such disclosure is authorized in writing by GSH or is otherwise required by law.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any Confidential Information, except as expressly authorized in advance and in writing by GSH.
3. I will avoid discussing Confidential Information where others can overhear the conversation. I acknowledge that it is not acceptable to discuss Confidential Information even if the patient’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications or purges of Confidential Information.
5. I agree that my obligations under this Agreement will continue after the conclusion of Camp Brave Heart.
6. Upon conclusion of Camp Brave Heart, I will immediately return any documents or media containing Confidential Information to my manager or supervisor.
7. I understand that I have no right to any ownership interest in any information provided to me or accessed or created by me during my association with GSH, except as authorized by GSH in writing.
8. I will act in the best interest of GSH and in accordance with its Code of Conduct.

9. I understand that violation of this Agreement may result in disciplinary or other remedial action, including termination of the relationship with GSH.

10. I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

I hereby acknowledge that I have read this Volunteer Confidentiality Agreement, understand its terms, and sign it of my own free will on this ____ day of _____, 20____.

Signature of Volunteer	Printed Name of Volunteer
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MEDIA RELEASE

Upon occasion, videotaping and photography may occur during various Camp Brave Heart activities, and this material may be used by Good Shepherd Hospice, Inc. (“GSH”) or HPC Healthcare, Inc. (“HPC”) in future marketing and publicity. In addition, the news media may wish to photograph, videotape and/or interview participants for news coverage of the Camp Brave Heart. When GSH knows of such previously scheduled media activities, GSH will inform you in advance of any details pertaining to such scheduled occasions. If you agree to being photographed, videotaped and/or interviewed, and/or agree to your child(ren) or ward(s) identified below being photographed, videotaped and/or interviewed, please mark the appropriate box and sign below:

I hereby give permission for myself and, if applicable, my minor child(ren) or ward(s) listed below, to appear in publicity or news coverage regarding Camp Brave Heart, as described above. I hereby release and discharge GSH and HPC Healthcare, and each of those entities officers, directors, employees, volunteers and agents, from any an all claims and demands arising out of or in connection with the use of the videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.

____ I give FULL permission

____ I DO NOT give permission

____ I give permission with the following EXCEPTIONS:

Signature

Date

If signing on behalf of your child(ren) or ward(s) who are participating in Camp Brave Heart, please identify each child and/or ward below (use additional sheets if necessary):

Child/Ward: _____



Relationship: _____

Child/Ward: _____

Relationship: _____

Child/Ward: _____

Relationship: _____

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	Subject Sexual Abuse	Originating Department Human Resources	Effective Date 3/03	
	Administrative Approval 		Review/Revision Date(s) 12/03, 1/06, 7/09	
This policy applies to HPC Healthcare, Inc. and all its subsidiaries, unless otherwise noted below.				

POLICY

It is the policy of HPC Healthcare, Inc. and its current and future affiliates (collectively, "HPC"), which currently includes LifePath Hospice, Inc., Good Shepherd Hospice, Inc., HPC Pharmacy Services, LLC, Axis Palliative Healthcare, LLC, and HPC Staffing Services, LLC to not tolerate any sexual abuse in the workplace or in any other place during or relating to any organization-related activity committed by an employee, volunteer, board member or third party, such as a contractor working temporarily for the organization. The organization provides procedures to report sexual abuse and imposes disciplinary penalties for those who commit sexual abuse. Any incident of sexual abuse reasonably believed to have occurred is reported to appropriate law enforcement and regulatory agencies for proper investigation. A party found guilty of sexual abuse will have her/his relationship with the organization terminated, and other discipline may ensue, including criminal prosecution.

Definition

Sexual abuse is sexual contact of a criminal nature or inappropriate sexual interaction for gratification of the abuser. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation or sexual injury, but does not include sexual harassment (see HR P&P #620.100, Equal Employment Opportunity).

PROCEDURE

Prevention Program

- A. All employees/volunteers who work directly with patients or children during normal operations or in the bereavement programs or camps must undergo a comprehensive background check, which includes:
 1. Social security number and search
 2. Residency and home phone information
 3. Verification of present employment and two previous employers' references for employees
 4. Verification of employment references for volunteers employed in past five years
 5. Education and professional license verification relative to work performed
 6. Driver's license information and DMV check
 7. FDLE and/or county criminal background checks according to policy (see Compliance P&P 1551).
- B. All bereavement camp counselors, leaders and other employee/volunteer participants must abide by the following rules and procedures:
 1. All must undergo comprehensive background checks.
 2. One-on-one contact in isolation between adults and youth members is not permitted.
 3. Where one-on-one activities, such as counseling must be performed in a private environment, the meeting must be in view of other adults and youth.
 4. Adult leaders must respect the privacy of children and teenagers in situations such as changing clothes or showering.
 5. Appropriate attire is required for both adults and youth.
 6. Review of the company sexual abuse policy with sign-off is required before any employee/volunteer works at the camp.
- C. Each employee/volunteer must sign an acknowledgment that she/he has read the company's sexual abuse policy, received the training on the policy, understood the policy, and will adhere to the policy. Each year thereafter every employee and volunteer must review the policy and again sign-off on it.

Possible Indicators of Sexual Abuse:

- A. Physical Signs:
 1. Difficulty in walking
 2. Torn, stained or bloody underwear
 3. Pain or itching in the genital area
 4. Bruises or bleeding of the external genitalia, and/or
 5. Sexually transmitted disease

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- B. Behavioral Signs:
1. Reluctance to be left alone with a particular person
 2. Wearing lots of clothing, especially in bed
 3. Fear of touch
 4. Nightmares or fear of night, and/or
 5. Apprehension when sex is brought up

Reporting Procedures

- A. If you are aware or suspect that sexual abuse is taking place or has taken place, immediately report it to the Corporate Compliance Officer or the Vice President of Human Resources. If neither individual is available, contact another member of the Senior Staff. You will be asked by the Senior Staff member to:
1. Complete an Occurrence Report, providing as much detail as possible
 2. Answer questions during a confidential interview to assess the situation
- B. The Senior Staff member ensures that follow-up to the incident takes place, including, but not limited to:
1. Taking steps to protect the alleged victim
 2. If appropriate, reporting to the Department of Children and Families Florida Abuse Hotline at 1-800-962-2873
 3. If appropriate, contacting the victim's family or guardian or other appropriate person about the alleged violation
 4. Notifying the insurance carrier

Anti-Retaliation

Retaliation against any employee, volunteer, board member, patient or other person who in good faith reports a complaint of sexual abuse or who in good faith participates in any related investigation is prohibited and anyone participating in retaliatory actions will be subject to disciplinary measures.

Investigation

- A. The company takes all allegations of sexual abuse seriously and will ensure a prompt and thorough investigation, as to whether sexual abuse has taken place.
- B. The company prohibits the making of false and/or malicious accusations of sexual abuse, as well as the deliberate providing of false information, during an investigation.
- C. The Department of Children and Families and/or local law enforcement performs an investigation in collaboration with the company.
- D. The company may exercise the option of placing the accused on a leave of absence or on a reassignment to non-patient contact until the investigation is complete.
- E. The company makes every reasonable effort to keep the matters involved in the allegation as confidential as possible, while still allowing for a thorough investigation.

Violation

A person found guilty of sexual abuse will have, at a minimum, her/his relationship with the organization terminated. A person found guilty of any other violation of this policy is subject to disciplinary action up to and including termination of employment or other applicable relationship with the organization.

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Acknowledgment of Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the company will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee/Volunteer
Printed Name

Employee/Volunteer
Signature

Date _____

Volunteer Name: _____

Employment Information

Please list any employer's you have had (present or for the past five (5) years).
Please complete all the information in detail.

PRESENT EMPLOYER:

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

PREVIOUS EMPLOYERS:

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

Volunteer Name: _____

PERSONAL REFERENCES

If you have NOT been employed within the last five (5) years, please provide Good Shepherd Hospice with two (2) personal references. They may include contacts from an organization you volunteer with, civic groups/club, or church members. (Family members cannot be given as a reference).

Name _____

Address: _____

_____ Phone # _____

How long have you known this person? _____ How do you know this person?

Name _____

Address: _____

_____ Phone # _____

How long have you known this person? _____ How do you know this person?

Current Address: How long have you lived at this address? _____

PREVIOUS ADDRESSES

If less than seven (7) years, please list county and state and zip code where you have resided.

County

State

Zip Code
