

Volunteer Application and Background Check Forms



Camp Dogwood

Volunteer hours are generally **Friday afternoon and Saturday**Please complete the following application and return it to:

Camp Dogwood

West Georgia Hospice | 1510 Vernon Road | LaGrange, GA 30240 sandra.melton@wellstar.org

Name:		Date:		
Address:		Phone:		
	ail:Birthdate:			
	ployment:			
	Contact:			
	Phone:			
Religious Affiliation or Preference (optional): TShirt Size				
Have you ex	perienced any recent deaths in your f	amily or with someo	ne close to you'	?
Yes No	If Yes, list relationship and when the	ey died:		
Describe you	ur general health in the past year: Goo	od Fair	Poor	
•	any restrictions that might affect your sion problems, unable to withstand hot	•		
Yes No	If Yes, please specify:			
Have you vo	lunteered for Camp Dogwood in the p	oast? Yes No		
If Yes what v	was vour assignment?			

Are you a licensed or certified counselor or social worker? Yes No Are you committed to being at camp both days? Yes No			
Check the areas of service you are interested in:			
Direct involvement with group sessions			
Group Leader (Counselor)			
Group Buddy (primary vols for campers in group sessions)			
Out of Group Buddy (primary vols for campers not in group sessions)			
Kitchen Duty			
Memory Room Activities			
Arts and Crafts Activities			
I am not able to attend all of camp, but would like to help with:			
Loading and unloading camp stuff Friday & Saturday			
Setup and registration			
Recreation time			
Other:			
Comments:			

**** All volunteers assist with a quick pack up and clean up following the event ****

Please complete all remaining forms. We will confirm receipt of your application packet by email. Thank you for your interest in serving with Camp Dogwood!