



Camp Dragonfly Volunteer Application

Volunteer Name: _____

Circle One: Male Female T-Shirt Size: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth (mm/dd/yy): _____ SS Number: _____
(Required for background search)

Since the age of 18 have you worked or lived outside of the state of Texas? _____

If so, where and when? _____

Driver's license state and number: _____

Signature to authorize background check: _____

Date Authorized: _____

Emergency Contact Information

Name: _____

Phone Number(s): _____

Address: _____

Relationship: _____

Professional Data

Present Employer: _____ Full time Part Time

Address: _____

Certifications: _____

Personal Data

Educational Background: _____

Other Languages: _____

Hobbies, special interests or skills: _____

Relevant Experience (professional, personal, or volunteer): _____

Volunteer Information

Why are you interested in working with Home Hospice? _____

Please list other community activities you are involved with (church, clubs, and organizations):

REFERENCES

Give the name of three persons not related to you, whom you have known for at least one year.

Name

Complete Mailing Address



VOLUNTEER RELEASE AGREEMENT
Adult Volunteer

I intend to participate in activities related to Camp Dragonfly, operating as a Grief Camp for children and adolescents by Home Hospice of Grayson County. I understand that Camp Dragonfly will include activities, such as art activity, play activity, outdoor experiences and other activities, which might result in the possibility of accident or injury.

My participation in Camp Dragonfly is voluntary and I hereby agree to accept and assume all risks which may arise during or as a result of such participation. In consideration for my being given the opportunity to participate in Camp Dragonfly, I (on my behalf and on behalf of my estate, heirs, successors and any other party claiming by or through me) hereby release and agree to indemnify and hold harmless the camp and Home Hospice of Grayson County, their respective officers, agents, employees, members and volunteers and all other participants in Camp Dragonfly from and against any and all claims, losses, injury, damages, causes of actions, suits, and liability of any kind, including, without limitation, expenses of litigation, court costs, and attorneys' fees, which arise out of or are in any way connected with my participation in Camp Dragonfly, including, without limitation, injury to or death of any person or damage to any real or personal property. Such release and indemnity shall apply in any circumstance, including, without limitation, where the claims, losses, damages, causes of action, suits, or liability arise, in whole or in part, from the negligence of such churches, officers, agents, employees, members, volunteers, participants or otherwise.

I understand that this Volunteer Release Agreement affects my legal rights and that my execution of this Volunteer Release Agreement is a condition precedent to my participation in Camp Dragonfly.

Name of Volunteer

Signature of Volunteer

Date: _____



Camp Dragonfly

Grief Camp for Children

Presented by Home Hospice of Grayson, Cooke and Fannin Counties

Confidentiality Acknowledgement and Agreement Form

Name: _____

Address: _____

Telephone Number: _____

During the course of your activity before, during and after Camp Dragonfly, grief camp for children to be held at All Saints Camp in Pottsboro, TX, you may have access to information that is confidential and may not be disclosed except as permitted or required by law and in accord with Home Hospice of Grayson, Cooke and Fannin counties policies and procedures. In order for Camp Dragonfly staff and volunteers to properly provide a safe and therapeutic atmosphere for children attending the camp, any and all identifying information regarding the children and their families must be kept confidential.

If at any time you have any questions regarding the confidentiality or disclosure of information, you should contact the Nancy Jackson at 903-868-9315.

By initialing each section and signing this Confidentiality Agreement, you acknowledge and agree that:

_____ I will only access information for which I have a legitimate purpose.

_____ Camper information is confidential and my access is restricted to my legitimate need to assist in camp activities.

_____ I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner outside camp.

_____ All camper identifiable information must be maintained on camp-site and will not be taken off-site.

_____ My confidentiality obligation shall continue indefinitely, including at all times after my association with Camp Dragonfly or Home Hospice of Grayson, Cooke and Fannin Counties.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD ANY QUESTIONS FULLY ADDRESSED AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Signature

Date

Print Name



CAMP DRAGONFLY PUBLICITY RELEASE

I, the undersigned, give permission to Camp Dragonfly to use my image, name, or personal information for purposes of marketing and education which may include newspaper, newsletters, website, health fairs, television, training and other Camp Dragonfly related purposes.

Please print name

Signature

Witness

Date

Please note any exceptions to the release of personal information as listed below:

I request that my

____ image,
____ name or
____ personal information

NOT be included for marketing and education purposes for Camp Dragonfly.

***Also please note that your name, image or any other identifying information will not be released for any purpose other than for camp publicity or grant requests.



CRIMINAL HISTORY CHECK

In order to assure the safety of Home Hospice patients and families, Home Hospice conducts criminal history checks, social security number validations, and previous address reports on all employees and volunteers that will have contact with Home Hospice patients.

Persons with a conviction for any of the offenses of the Health and Safety Code 250.006 will not be allowed to provide direct patient care. These offenses include but are not limited to criminal homicide, kidnapping and false imprisonment, indecency with a child, sexual assault, aggravated assault, injury to a child, elderly person, or disabled person, abandoning or endangering a child, aiding suicide, agreement to abduct from custody, sale or purchase of a child, arson, robbery, and aggravated robbery.

I, _____, have no convictions for any of the offenses listed above from the Health and Safety Code 250.006 and hereby acknowledge understanding of and give consent for Home Hospice to conduct a criminal history check.

Full Name (Please Print): _____

Other Names Used, such as maiden name: _____

Address: _____

Have you worked or resided outside the State of Texas at any time during the last three years? _____ Yes _____ No If yes, where? _____

Date of Birth: _____ Social Security Number: _____

Gender: _____ Male _____ Female

Race: _____ American Indian _____ Asian _____ Hispanic _____ Caucasian _____ African American

Signature: _____ Date: _____

