



# CAMP GOOD GRIEF ADULT VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Birth date \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City County State Zip

Please list any other addresses in past 5 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Drivers License # and state issued: \_\_\_\_\_

### **Education:**

High School \_\_\_\_\_ Year Completed

College \_\_\_\_\_ Year Completed

Graduate/Other \_\_\_\_\_ Year Completed

Relevant Training/Workshops: \_\_\_\_\_

\_\_\_\_\_

### **Employment History**

*(Please list present and previous 3 employers with addresses and telephone number)*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_







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## Camp Good Grief Volunteer Health History Form

**Volunteer's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female    Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ (Street)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies:**     No known allergies  
 Camper is allergic to (please list all medicine, food and environmental allergies):

Allergic to:	Reaction to Allergy	Treatment/Medicine Taken for Reaction

**Health History** (List any health issues about which Camp Good Grief staff should be informed. Briefly describe how you treat them at home.)

- Diabetes \_\_\_\_\_
- Emotional problems \_\_\_\_\_
- Fainting \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- Asthma \_\_\_\_\_
- Nosebleeds \_\_\_\_\_
- Wears glasses/contacts \_\_\_\_\_



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- Seizures/epilepsy \_\_\_\_\_
  - Hearing impairment \_\_\_\_\_
  - Convulsions/seizures/epilepsy \_\_\_\_\_
  - Kidney disease \_\_\_\_\_
  - Other \_\_\_\_\_
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Medications:

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Signature

Date

**Return completed application to:**

CAMP GOOD GRIEF  
Hospice of Huntington  
1101 6<sup>th</sup> Avenue  
Huntington, WV 25701