



Mary Washington Healthcare

Grief Support Services

Thank you for your interest in being a Camp Brandon Volunteer! We hope that volunteering for Camp will be a life-changing experience for you as you guide a group of grieving teens through an amazing weekend of fun and comfort. Camp Brandon is brought to you by Mary Washington Healthcare's Grief Support Services.

Camp Brandon is a weekend day camp for teens ages 13-18 that have lost a loved one. The goals for Camp Brandon are to help children understand death and dying, learn to express grief in a healthy way and learn to cope with loss. Art, music, and recreational therapy are used to promote these goals, alongside traditional camp activities like hiking, canoeing and fireside chats. To provide a rewarding experience, each volunteer mentor will be assigned to a small group of teens.

Camp Brandon is held in loving memory of Brandon Brooks and is available to all campers without charge.

Camp Brandon will be held at The Virginia Outdoor Center
3219 Fall Hill Avenue Fredericksburg, VA 22401
Saturday, September 28th 11:00 a.m. – 7:00 p.m.
Sunday, September 29th 10:00 a.m. – 5:30 p.m.

You must be 18 years of age or older to be a Camp Brandon volunteer.
Please complete and return the enclosed packet no later than August 19 to:

griefsupport@mwhc.com

OR

Mary Washington Grief Support Services
Attention: Anna Maria Lewis
2300 Fall Hill Ave, Suite 401
Fredericksburg, VA 22407

Mary Washington Hospital training bereavement training and Camp Brandon Specific training/orientation is required for ALL new Volunteers.

All those involved in Camp Brandon are **required** to attend a training session.

Monday, September 9th 6:30-8:30 PM

Your paperwork must be turned in prior to training

Light refreshments will be served.

Training Location:

2300 Fall Hill Avenue Suite 315
Fredericksburg, VA 22401



Camp Brandon Interest Form

Please Indicate Desired Position:

- Mentor, Activity Assistant, Registration/Meal Prep, R.N./Medic, Grief Session Facilitator

Circle T-Shirt Size (T-shirts come in standard adult sizes):

- Small, Medium, Large, X-Large, XX-Large, XXX-Large

Availability (Please check all that apply)

- Saturday, September 28, Sunday, September 29

Previous bereavement experience (personal or professional):

Three horizontal lines for text entry.

Experience working with children:

Four horizontal lines for text entry.

Other children's camp experience:

Two horizontal lines for text entry.

Explain why you wish to volunteer at Camp Brandon:

Five horizontal lines for text entry.



VOLUNTEER APPLICATION

PERSONAL INFORMATION (Please print clearly)

Name: _____ Date: _____

Address: _____

City: _____ State/Zip: _____

Cell: _____ Email: _____

Date of birth: _____ Social Security Number: _____

The best way to contact me is at:

Phone _____ E-mail _____

How many hours per week/month are you interested in volunteering?

Person to be notified in case of an emergency:

Relationship _____ Cell () _____ Work () _____

Occupation/Employer:

Are you currently in school? Yes, full-time Yes, part-time No

Education:

Highest Level of Education	City and State of Institution	Years of Study	Graduation Year	Degree or Certification

AREAS OF INTEREST *(Check all that apply)*

I am interested in volunteering in the following capacity:

- | | |
|--|--|
| <input type="checkbox"/> Special Events Planning | <input type="checkbox"/> Teen Group |
| <input type="checkbox"/> Maintenance/repairs | <input type="checkbox"/> Providing group meals |
| <input type="checkbox"/> Grief/Bereavement Support | <input type="checkbox"/> Administrative/Office Support |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Art Therapy |
| <input type="checkbox"/> Community Outreach | <input checked="" type="checkbox"/> Camps |
| <input type="checkbox"/> Landscaping/Gardening | <input type="checkbox"/> Other |

EXPERIENCE AND QUALIFICATIONS

What type of work have you done in the past that relates to your volunteer interests?

1. _____
2. _____
3. _____

Have you done any volunteer work?

- Yes, currently Yes, in the past No

If yes, please specify _____

Are you fluent in any languages? If yes, please list _____

Please describe any life and/or work experiences or training(s) which may help you as a grief support services volunteer:

Please read the following carefully before signing.

I certify that the answers and statements given by me in response to this application are true and correct without consequential omissions of any kind whatsoever. I agree that Mary Washington Healthcare shall not be liable in any respect if my volunteer position is terminated because I have falsified statements, or answers, or have made omissions on this application or on supporting documentation.

If I volunteer, I hereby agree to abide by the rules and policies of my organization and facilities in which I volunteer as a Grief Support Services Volunteer. I understand that nothing contained in the application or during an interview is intended to create a contract between Mary Washington Healthcare and myself for either employment or the provision of any benefits. If a relationship is established, I understand that I have the right to terminate my volunteer position at any time with proper notice, and that Mary Washington Healthcare retains the right to terminate my volunteer position at any time at its discretion. Volunteering is not considered finalized until the following have been received:

1. a satisfactory check of references, supporting transcripts and license or registry certification, and criminal background check;
2. a Tuberculosis test must be administered and read,
3. proof of age and citizenship, and all documents necessary to complete federal and state regulatory requirements

I hereby authorize Mary Washington Healthcare or the appropriate subsidiary to contact any school, listed reference, law enforcement agencies and persons who may aid Mary Washington Healthcare determining my suitability for a volunteer position unless otherwise noted. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for providing the requested information.

Date: _____

Signature: _____