

Camp Courage Volunteer Interest Form

Personal Information

I am a: New Camp Courage volunteer Returning Camp Courage volunteer

Last name: _____ First name: _____

Gender: _____ Date of birth: _____

Mailing address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Emergency contact: _____ Phone _____

Have you received the COVID-19 vaccine? Yes No

T-shirt size (adult) (If you have shirts from previous years, we kindly ask that you use those):

XS S M L XL XXL XXXL

Are you a current Harbor Hospice volunteer or employee? Yes No

How did you hear about Camp Courage? _____

I Am Interested in The Following Volunteer Opportunities:

Before or After Camp Weekend

- Inventory/organize supplies Laminate items Prep craft projects
- Make phone calls Print and assemble documents
- Run errands (pick up supplies, etc.) Assemble camper backpacks

During Camp Weekend

- Camper check-in (Friday, June 20)
Duties include setting up check-in area, greeting families, checking in campers, assisting camp nurse, assisting camp photographer, directing families to cabins, and/or supervising camper activities. Time needed is Friday 8:30 – 11:30 am.
- Camp counselor (Thursday, June 19 – Sunday, June 22)
Camp counselors must be at least 19 years old and arrive at camp by 5:00 PM on Thursday. Training on working with bereaved children is provided. I prefer to work with the following age group:
- 6-8 9-11 12-14 No preference

Crafts team (Friday, June 20 – Sunday, June 22)

The Crafts Team is responsible for setting up/cleaning up craft activities and assisting campers as needed during craft times. Training on working with bereaved children is provided (exact times to be determined).

Do you have a skill or interest that you would be willing to share with Camp Courage?

Additional Information

What inspires you to volunteer at Camp Courage, and what do you hope to bring to the experience? Please feel free to share any personal connections, past experiences, or reasons why this opportunity is meaningful to you.

Media & Publicity Consent

Do you consent to Harbor Hospice using photographs of you for publicity, including on social media?

Yes No

Do you give permission for Harbor Hospice to use phrases or statements you make about Camp Courage for promotional or educational purposes?

Yes No

Name (printed)

Signature

Date

Submit Your Completed Form:

Scolnik Healing Center of Harbor Hospice
Attn: Volunteer Coordinator
1050 W. Western Ave., Suite 400
Muskegon, MI 49441

Email: AWallace@HarborHospiceMI.org