



January 15, 2010

Dear Prospective Camp Volunteer:

Thank you for your interest in Camp Circle of Love. We are currently planning our **18th Annual Camp Circle of Love** and would like to invite you to participate.

This year, camp will be held on the weekend of **April 23 - 25, 2010**. All cabin volunteers and staff will need to be available from 2pm on Friday through mid-day on Sunday. All volunteers are required to attend the Camp Kick-Off Party on **Tuesday, April 6th**, or **Wednesday, April 7th**, from 6:00pm – 7:00pm at the LifePath Hospice South Tampa office located at 3010 West Azeele Street. All new volunteers will be required to stay for the New Volunteer Orientation from 7:00pm – 8:00pm following the Camp Kick-Off Party.

In the event you are interested in participating, we have enclosed the forms to be completed. **Please note** that all the forms must be completed whether you are a new or returning volunteer- please do not leave any form blank. We would appreciate your completing and returning these documents to us in the enclosed envelope, **as soon as possible** but no later than March 15th. Please feel free to call us at (813) 357-5603 if you have any questions.

Again, we appreciate your interest in Camp Circle of Love!

Sincerely,

Tammy Alsing
Camp Director

Scott Cornelius
Camp Volunteer Coordinator



2010 Camp Circle of Love Volunteer Information

Thank you for your interest in being a Camp Circle of Love volunteer! The camp committee would like to give you some information, and outline the commitment details so that you will know what you are volunteering for! We want this to be a great weekend for ALL!

VOLUNTEER ROLE AND RESPONSIBILITIES:

- All camp volunteers must be at least 18 years old.
- We must complete a national criminal background screening on all of our camp staff and volunteers. In order to complete this we ask you for your social security number, race, maiden name, and date of birth.
- If you would like to be a cabin volunteer, you must be available for the entire weekend. Camp begins on Friday, April 23rd at 2PM, and ends on Sunday, April 25th, about 1PM. It is extremely important that you be settled in by 2PM so that you can attend a mandatory meeting. Volunteers that will be riding the buses with the children are excused from this meeting and will get the information presented from their cabin leaders.
- It is important that you be there for the entire weekend, because the children need to be with the same group of counselors all weekend. This helps to promote a sense of security for them and fosters a setting in which they are comfortable sharing personal information with the group. As a cabin volunteer, you will be with the children most of the time, including meal and sleep times. You will be participating in all the activities with your cabin, such as swimming, canoeing, hayrides and much more. We do schedule a break time for each volunteer. If you are unable to commit to volunteer for the entire weekend, we have plenty of other time specific or “day only” volunteer opportunities. Please refer to the volunteer application for further details.
- Some camp volunteers will be sleeping in the cabin with the campers of same gender. You will receive your cabin assignment at orientation. There are showers and “adults only” cabins for you to use to rest and shower. If you are not sleeping in the cabin with the campers, you will be given other accommodations to share with other adult volunteers/staff.

- Cabin volunteers arrive 3 hours before the campers, so that you have time to get acquainted with your fellow cabin mates, and get some background information on your campers and pick your own bunk! Each cabin is staffed with a cabin leader who will guide the cabin volunteers and the campers through a meaningful and fun camp experience. Everyone is expected to pitch in for shared responsibilities, making this the ultimate “team” experience!
- The most important requirement for being a camp volunteer is unconditional support to the campers! Remember that grieving children do not always have the best behavior, and challenges do pop up from time to time but most can be handled with a little love and acceptance! Our staff will provide sound and safe guidance every step of the way.
- We support family members, significant others and friends volunteering at camp together, but please stay focused on your primary goal of supporting the children.
- All volunteers are required to attend the Camp Kick-Off Party/ New Volunteer Orientation. Please select a date on your application. (All volunteers attend the Camp Kick Off Party from 6pm – 7pm; New volunteers attend the New Volunteer Orientation from 7pm – 8pm).
- If you are selected to be a cabin leader you will be contacted and required to attend a special cabin leader’s meeting.
- Travel time from Tampa to Lakewood Retreat is approximately 45 minutes to one hour. Unless you are traveling on the bus with the campers, you will provide your own transportation to camp. There is plenty of parking.
- **APPLICATIONS ARE DUE ON OR BEFORE MARCH 15th, 2010.**

Thank you doesn’t seem like enough to say to all of you who volunteer your time to Camp Circle of Love. I have heard stories over and over from parents, children, counselors, and people in the community about what a difference camp made in a child’s life last year! Hats off to all of you who devote your time to making camp the best place there is to help a grieving child!

Camp Circle of Love is a great experience, one that we all can enjoy! Please do not hesitate to call us at (813) 357-5603 or email at cornelius@lifepath-hospice.org if you have any questions or suggestions!

With appreciation,

Tammy Alsing
Camp Director

Scott Cornelius
Camp Volunteer Coordinator

VOLUNTEER AND STAFF APPLICATION
Friday, April 23 – Sunday, April 25, 2010



The purpose of this application is to assist us in selecting volunteers and staff for Camp Circle of Love. In order for you to volunteer **all of the forms must be completed by new and returning volunteers in order for the paperwork to be processed before camp.** We are required to conduct a criminal background check for all camp volunteers and staff. All applicants are expected to attend the Camp Kick-Off Party/ New Volunteer Orientation on either **Tuesday, April 6th or Wednesday, April 7th, 6:00 – 8:00PM** at the **Azele Street office.** Please choose an option for orientation at the end of this application.

Name: _____
FIRST MIDDLE LAST NICKNAME (for nametag)

Home Phone: _____ Cell: _____ E-Mail: _____
 Preferred method of contact: Home Phone Cell E-Mail

Address: _____

City/Zip: _____

Employer: _____ Work Phone: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

If this is your first time at camp, how did you hear about this opportunity?

Do you know any children who may be attending camp this year? Yes No

If yes, please explain relation to the potential camper: _____

For purposes of Background screening:

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race/Ethnicity: _____

Maiden Name: _____

Other names you have used in past 7 years _____

Driver's License #: _____

Please list any health concerns: _____

(If none, write none)

T-Shirt Size (Male Adult Sizes): S M L XL XXL

Your affiliation with LifePath Hospice (check those that apply):

- Staff LifePath Volunteer _____ type Grief Center Volunteer
- Camp Circle of Love Volunteer Alumni Camp Braveheart Volunteer
- 1st Time Volunteer Previous Camper @ Camp Circle of Love (Year: _____)

Please indicate the area where you would like to volunteer:

(Every attempt will be made to assign you to your preference; however, we must consider the needs of the children as priority)

CABIN VOLUNTEER ROLES:

- Cabin Leader (*Cabin Leaders are LHPC social workers, counselors, others as approved*)
- Cabin Volunteer (assists cabin leaders in all activities)

Cabin leaders and volunteers; please indicate your preference for:

Gender: Boys Girls No preference
 Age Group: Younger age group Older age group No preference

SUPPORT VOLUNTEER ROLES: (please check all that apply)

- I would like to participate all weekend
- I will only be available for one day (Sat. or Sun.)
 - Assist with Land Sports
 - Assist with Water Activities
 - Camp Photographer (must be available all weekend & have digital camera)
 - Assist at Pool; Please indicate if you are a Red Cross Certified Lifeguard (Yes / No)
 - Assist with Arts and Crafts
 - Other:_____

In addition to the above, I would also be able to:

- Assist with transportation of the children (ride the buses), to camp, from camp.

Please describe your qualifications for and/or experience in working with children:

Please describe any special talents or skills that you may have which may benefit the camp:_____

I WILL ATTEND THE CAMP KICK-OFF PARTY ORIENTATION ON:

(Please note: All new camp volunteers will be expected to attend a one hour orientation immediately following the Kick-Off Party.)

- Tuesday, April 6th Wednesday, April 7th

We appreciate your interest in Camp Circle of Love. Those applicants from whom we need additional information will be contacted. Otherwise, see you at orientation!
Please return this completed application to Scott Cornelius, LifePath Hospice and Palliative Care, 3010 W. Azelee Street, Tampa, Florida 33609 by March 15th, 2010.

Volunteer Name: _____

Employment Information

Please list any employer's you have had (present or for the past five (5) years).
Please complete all the information in detail.

PRESENT EMPLOYER:

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

PREVIOUS EMPLOYERS:

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		

Company Name: _____		
Address: _____	Job Title: _____	
City _____	State _____	Zip _____
Phone #: _____	Dates of Employment _____ to _____	
Contact name at company: _____		



Volunteer Name: _____

PERSONAL REFERENCES

If you have **NOT** been employed within the last five (5) years, please provide LifePath Hospice with two (2) personal references. They may include contacts from an organization you volunteer with, civic groups/club, or church members. **(Family members cannot be given as a reference).**

Name _____

Address: _____

_____ Phone # _____

How long have you known this person? _____ How do you know this person?

Name _____

Address: _____

_____ Phone # _____

How long have you known this person? _____ How do you know this person?

Current Address: How long have you lived at this address? _____

PREVIOUS ADDRESSES

If less than seven (7) years, please list county and state and zip code where you have resided.

County

State

Zip Code



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that LifePath Hospice, Inc. (“LPH”) and its volunteers have a legal and ethical responsibility to protect the confidentiality of (a) individually identifiable health information and all other information concerning the condition, care and treatment of hospice patients of LPH, (b) confidential communications made by participants in LPH’s Camp Circle of Love during the course of individual and group counseling or in other settings, and (c) certain operational or proprietary information of LPH concerning Camp Circle of Love (such patient information, communications, and operational or proprietary information being collectively referred to as “**Confidential Information**”).

As a volunteer for LPH participating in Camp Circle of Love, I understand that I may have access to or possess Confidential Information. I agree that I will access and use Confidential Information only as necessary to perform tasks and duties as requested or authorized by LPH in accordance with policies and procedures of LPH. I further understand and agree that:



1. I will not disclose or discuss any Confidential Information with others, including my friends and family or the friends and family of a hospice patient or Camp Circle of Love participant, unless such disclosure is authorized in writing by LPH or is otherwise required by law.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any Confidential Information, except as expressly authorized in advance and in writing by LPH.
3. I will avoid discussing Confidential Information where others can overhear the conversation. I acknowledge that it is not acceptable to discuss Confidential Information even if the patient’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications or purges of Confidential Information.
5. I agree that my obligations under this Agreement will continue after the conclusion of Camp Circle of Love.
6. Upon conclusion of Camp Circle of Love, I will immediately return any documents or media containing Confidential Information to my manager or supervisor.
7. I understand that I have no right to any ownership interest in any information provided to me or accessed or created by me during my association with LPH, except as authorized by LPH in writing.
8. I will act in the best interest of LPH and in accordance with its Code of Conduct.

9. I understand that violation of this Agreement may result in disciplinary or other remedial action, including termination of the relationship with LPH.

10. I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

I hereby acknowledge that I have read this Volunteer Confidentiality Agreement, understand its terms, and sign it of my own free will on this ____ day of _____, 20____.

Signature of Volunteer	Printed Name of Volunteer
------------------------	---------------------------

Subject: Sexual Abuse		Page 1 of 3	Reviewed:	660. 123
Department: Human Resources		Effective Date: 3/03		
Department/Other Approval: 		Administrative Approval: 		Revised: 12/03, 1/06, 1/07
Applicable Entity: <input type="checkbox"/> ALL <input type="checkbox"/> GSH <input type="checkbox"/> HPC <input checked="" type="checkbox"/> LHPC <input type="checkbox"/> AXIS <input type="checkbox"/> PHARM				

POLICY

The organization does not tolerate any sexual abuse in the workplace or in any other place during or relating to any organization-related activity committed by an employee, volunteer, board member or third party, such as a contractor working temporarily for the organization. The organization provides procedures to report sexual abuse and imposes disciplinary penalties for those who commit sexual abuse. Any incident of sexual abuse reasonably believed to have occurred is reported to appropriate law enforcement and regulatory agencies for proper investigation. A party found guilty of sexual abuse will have her/his relationship with the organization terminated, and other discipline may ensue, including criminal prosecution.

DEFINITION

Sexual abuse is sexual contact of a criminal nature or inappropriate sexual interaction for gratification of the abuser. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation or sexual injury, but does not include sexual harassment (see Human Resource (HR) Policy & Procedure (P&P) #620.099).

PROCEDURE

A. Prevention Program

1. All employees/volunteers who work directly with patients or children during normal operations or in the bereavement programs or camps must undergo a comprehensive background check, which includes:
 - a. Social security number and search
 - b. Residency and home phone information
 - c. Verification of present employment and two previous employers' references for employees
 - d. Verification of employment references for volunteers employed in past five years
 - e. Education and professional license verification relative to work performed
 - f. Driver's license information and Department of Motor Vehicle (DMV) check
 - g. Florida Department of Law Enforcement (FDLE) and/or county criminal background checks according to policy (see Compliance P&P #1551).
2. All bereavement camp counselors, leaders and other employee/volunteer participants must abide by the following rules and procedures:
 - a. All must undergo comprehensive background checks.
 - b. One-on-one contact in isolation between adults and youth members is not permitted.
 - c. Where one-on-one activities, such as counseling must be performed in a private environment, the meeting must be in view of other adults and youth.
 - d. Adult leaders must respect the privacy of children and teenagers in situations such as changing clothes or showering.
 - e. Appropriate attire is required for both adults and youth.
 - f. Review of the company sexual abuse policy with sign-off is required before any employee/volunteer works at the camp.
3. Each employee/volunteer must sign an acknowledgment that she/he has read the company's sexual abuse policy, received the training on the policy, understood the policy, and will adhere to the policy. Each year thereafter every employee and volunteer must review the policy and again sign-off on it.

B. Possible Indicators of Sexual Abuse:

1. Physical Signs:
 - a. Difficulty in walking
 - b. Torn, stained or bloody underwear
 - c. Pain or itching in the genital area
 - d. Bruises or bleeding of the external genitalia, and/or
 - e. Sexually transmitted disease
2. Behavioral Signs:
 - a. Reluctance to be left alone with a particular person
 - b. Wearing lots of clothing, especially in bed
 - c. Fear of touch
 - d. Nightmares or fear of night, and/or
 - e. Apprehension when sex is brought up

C. Reporting Procedures

1. If you are aware or suspect that sexual abuse is taking place or has taken place, immediately report it to the Corporate Compliance Officer or the Vice President of Human Resources. If neither individual is available, contact another member of the Senior Staff. You will be asked by the Senior Staff member to:
 - a. Complete an Occurrence Report, providing as much detail as possible
 - b. Answer questions during a confidential interview to assess the situation
2. The Senior Staff member ensures that follow-up to the incident takes place, including, but not limited to:
 - a. Taking steps to protect the alleged victim
 - b. If appropriate, reporting to the Department of Children and Families Florida Abuse Hotline at 1-800-962-2873
 - c. If appropriate, contacting the victim's family or guardian or other appropriate person about the alleged violation
 - d. Notifying the insurance carrier

D. Anti-Retaliation

Retaliation against any employee, volunteer, board member, patient or other person who in good faith reports a complaint of sexual abuse or who in good faith participates in any related investigation is prohibited and anyone participating in retaliatory actions will be subject to disciplinary measures.

E. Investigation

1. The company takes all allegations of sexual abuse seriously and will ensure a prompt and thorough investigation, as to whether sexual abuse has taken place.
2. The company prohibits the making of false and/or malicious accusations of sexual abuse, as well as the deliberate providing of false information, during an investigation.
3. The Department of Children and Families and/or local law enforcement performs an investigation in collaboration with the company.
4. The company may exercise the option of placing the accused on a leave of absence or on a reassignment to non-patient contact until the investigation is complete.
5. The company makes every reasonable effort to keep the matters involved in the allegation as confidential as possible, while still allowing for a thorough investigation.

F. Violation

A person found guilty of sexual abuse will have, at a minimum, her/his relationship with the organization terminated. A person found guilty of any other violation of this policy is subject to disciplinary action up to and including termination of employment or other applicable relationship with the organization.

Subject: Sexual Abuse	Page 3 of 3	660.123
-----------------------	-------------	---------

Acknowledgment of Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the company will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee/Volunteer
Printed Name

Employee/Volunteer
Signature

Date _____