

Camp Bridges



Love builds bridges where there are none.

Dear Prospective Camp Bridges Volunteer,

Enclosed please find the volunteer application form for Camp 2024. If you wish to volunteer please confirm your availability by **March 20, 2024**.

Please complete the enclosed application form and forward to:

Carla Mitchell, MSW/RSW

Regional Palliative Care Volunteer and Bereavement Coordinator

Camp Bridges

Prairie Mountain Health

150A 7th Street Brandon, Manitoba | R7A 7M2

Phone: 204-578-2310

Email: cmitchell1@pmh-mb.ca

Fax: 204-629-3499

Camp Bridges



Thank you for your interest in becoming a volunteer at Camp Bridges. Camp will be held on **May 24, 25 and 26th, 2024**. The camp will be held at Circle Square Ranch in Austin, MB.

Please complete and return your application by **March 20, 2024**. We will be accepting a maximum of 20 volunteers.

Our goal is to offer camp to 40 bereaved children and teens between the ages of 7 and 15.

Volunteers should arrive and be ready for a pre-camp meeting at 4:00 pm on Friday, May 24, 2024. Supper will be provided at 5:30 pm. Volunteers should be prepared to stay until 1:30 pm on Sunday, May 26, 2024.

All volunteers are required to attend a Volunteer Training session. The training session will be held April 23, 2024 from 6:30 pm-9:00 pm, virtually via Microsoft teams.

Thank you for your support in helping to make Camp Bridges a rewarding experience for the campers who will be attending.

Please feel free to share this application with others who may be interested in volunteering for Camp Bridges. Thank you.

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The main role of the Camp Bridges Volunteer is to provide friendship and support, not grief therapy.

The volunteer is responsible to participate in all weekend activities while providing assistance and supervision as needed.

APPLICANTS ARE MUST MEET THE FOLLOWING CRITERIA:

- Must be 18 years or older and out of high school.
- Must be available for all hours of the Camp Bridges weekend.
- **All volunteers** are required to attend the Volunteer Training session.
- **All new volunteers must provide a current Criminal Record Check and Child Abuse Registry Check at least one (1) week prior to camp or you will not be able to attend camp.** Upon approval of your application, Carla Mitchell will send the forms necessary to obtain the appropriate record checks. Please be aware that this process may take eight (8) weeks to complete. It is important that you complete the forms as soon as possible once you receive them from Carla Mitchell.
- **All new volunteers must provide** three (3) references.

We cannot accept any volunteers at Camp Bridges who do not have the required checks completed. Please ensure you start the process early enough to complete the checks.

Camp Bridges Committee has the right to refuse the application of an individual who has not provided an acceptable background check.

For all volunteer applicants: please complete and return the entire volunteer application package by March 20, 2024.

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VOLUNTEER APPLICATION

Name: _____

Address: _____

Email address: _____

How long have you lived at this address? _____

** If Less Than One Year, Give Previous Address _____

Telephone # (H) _____

Telephone # (W) _____

Educational Background: _____

Employment Background:

1. _____

Dates of Employment

2. _____

Dates of Employment

3. _____

Dates of Employment

Volunteer Experience: _____

Have you ever volunteered at a camp before? Yes: No:

If Yes, in what capacity? _____

What experience do you have working with children?

How did you learn about Camp Bridges? Friend Camp Bridges volunteer Regional Representative

Other _____

Please share your reasons for wishing to volunteer at Camp Bridges. _____

What age group would you prefer to partner with? _____

Or would you prefer to be designated to an activity area rather than directly volunteering with a camper)? _____

Have you experienced losses in your life? Yes: No: Please elaborate: _____

Hobbies: _____

Date: _____ Signature: _____

Volunteer Medical History

Volunteer's Name: _____

Person to Contact in Case of an Emergency: _____

Relationship: _____

Address: _____

Daytime Phone # _____ Evening Phone # _____

Do you have any medical conditions of which we should be aware? Yes: No: _____

Are you restricted from participating in any physical activity? Yes: No:

Comments: _____

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Bridges activities.

Signature

Date

Authorization for Emergency Medical Treatment:

Should a medical emergency arise during my participation in Camp Bridges and I am unable to speak for myself, I consent to:

- The administration of medical treatment and/or surgical procedures deemed necessary; and
- The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature

Date

VOLUNTEER REFERENCES (NOT REQUIRED FOR VOLUNTEERS WHO HAVE VOLUNTEERED THE YEAR PRIOR)

Volunteer's Name: _____

Please list the names, address, and phone number of 3 references, preferably 2 of which may be personal references, and 1 being a present or former supervisor.

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

