

# Camp Bridges



Love builds bridges where there are none.

Dear Prospective Camp Bridges Volunteer,

Enclosed please find the volunteer application form for Camp 2025. If you wish to volunteer please confirm your availability by **March 17, 2025**.

Please complete the enclosed application form and forward to:

**Carla Mitchell, MSW/RSW**

Regional Palliative Care Volunteer and Bereavement Coordinator

Camp Bridges Planning Committee

Prairie Mountain Health

150A 7<sup>th</sup> Street Brandon, Manitoba | R7A 7M2

Phone: 204-578-2310

Email: [campbridges@pmh-mb.ca](mailto:campbridges@pmh-mb.ca)

Fax: 204-629-3499

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Dear Prospective Camp Bridges Volunteer,

Thank you for your interest in becoming a volunteer at Camp Bridges. Camp Bridges will be held on **May 23, 24 and 25<sup>th</sup>, 2025**. The camp will be held at Circle Square Ranch in Austin, MB.

The main role of the Camp Bridges Volunteer is to provide friendship and support to campers throughout the weekend, volunteers do not provide grief therapy. Our goal is to offer camp to 40 bereaved children and teens between the ages of 7 and 15.

The volunteer is responsible to participate in all weekend activities, and is responsible to provide help and supervision as needed. Training will be provided.

**Please complete and return your application by March 17, 2025.**

## Important Information:

- We will be accepting a maximum of 20 volunteers.
- All volunteers must provide satisfactory criminal record and abuse registry checks. See next page for details.
- All volunteers are required to attend a Volunteer Training session. The training session will be held TBA from 6:30 pm - 9:00 pm, virtually via Microsoft teams.
- Volunteers should arrive and be ready for a pre-camp meeting at 4:00 pm on Friday, May 23, 2025. Supper will be provided at 5:30 pm. Volunteers should be prepared to stay until 2:00 pm on Sunday, May 25, 2025.
- Volunteers will be provided with 2 Camp Bridges t-shirts

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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## 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/Vulnerable Sector Check & a Child Abuse Registry Check. These forms must be received 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 advised that it can take up to 8 weeks for these forms to be processed, it is important that you complete them immediately upon receiving them.
- **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 17, 2025.**

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## VOLUNTEER APPLICATION

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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: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Medical History

Volunteer's Name: \_\_\_\_\_

Person to Contact in Case of an Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_