

**Hospice of Spokane Volunteer Application  
CAMP CHMEPA**

<b>Name</b> _____		
<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Address</b> _____		
<b>Street</b>	<b>City</b>	<b>Zip</b>
<b>Home phone</b> _____	<b>Work phone</b> _____	<b>Cell phone:</b> _____
<b>Birthdate</b> _____		
<b>E-mail address</b> _____		
<b>Summer address and phone number if different.</b>		

**Present Employment:** \_\_\_\_\_

I am  Working toward  have a degree in:  Social Work  Psychology  
 Counseling  Education  Other/Specify: \_\_\_\_\_

**Relevant education or training:**

**Volunteer experience:**

**Special Talents/skills:**

**What do you hope to gain by working at Camp Chmepa?**

**In your physical or medical history is there anything that should be considered in utilizing you as a volunteer at camp? (There are hills and some difficult terrain which can be challenging).**

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**Please list three (3) character references :**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of time known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of time known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of time known: \_\_\_\_\_

***Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that I can be discharged for any misrepresentation or omission in the above statement.***

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

**\*\*T-Shirt size: (Please circle) Small Medium Large X-Large XX Large**

For the protection of Hospice of Spokane and our volunteers, we request that all volunteers who will use their own automobiles to and from the camp obtain their own liability insurance coverage. Hospice of Spokane will not be providing medical coverage or liability insurance for any volunteer for the camp. If you desire coverage, you can obtain it independently.

Hospice of Spokane will do a criminal History background information check with the Washington State Patrol on all volunteers. By signing below, I give permission for Hospice of Spokane to do this background check

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to Hospice of Spokane**  
**P.O. Box 2215**  
**Spokane, WA 99210**

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### **EMERGENCY INFORMATION**

In case of an emergency at the camp, list your emergency contact information:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_ work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: \_\_\_\_\_