



CAMP KERRY VOLUNTEER APPLICATION

North Shore Palliative Care Program
231 E. 15th Street, North Vancouver, BC V7L 2L7
604-988-3131 local 4701-Bereavement services
604-985-5951 Palliative Care Volunteer Program

Last Name	First Name	Prefer to be called
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Address	City	Postal Code
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Date of Birth	Home phone	Cell phone
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Email	Languages spoken
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1. What kinds of volunteer work have you done?

2. Education/training relevant to camp/child care/grief and loss support?

3. What motivates you at this time to volunteer for Camp Kerry?

4. What special qualities will you bring to a family bereavement camp?

5. Areas of interest:

camp counselor

arts and crafts

recreation/sports

music

therapeutic

bereavement

First aid certificate

massage/TT

other...please specify _____

6. Tell us of your personal experience(s) with death. How long ago was this loss?

Please list two references:

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Signature of Applicant

Date